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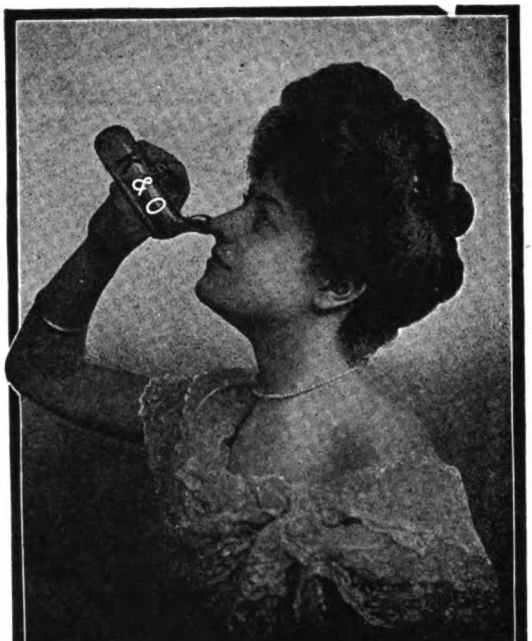

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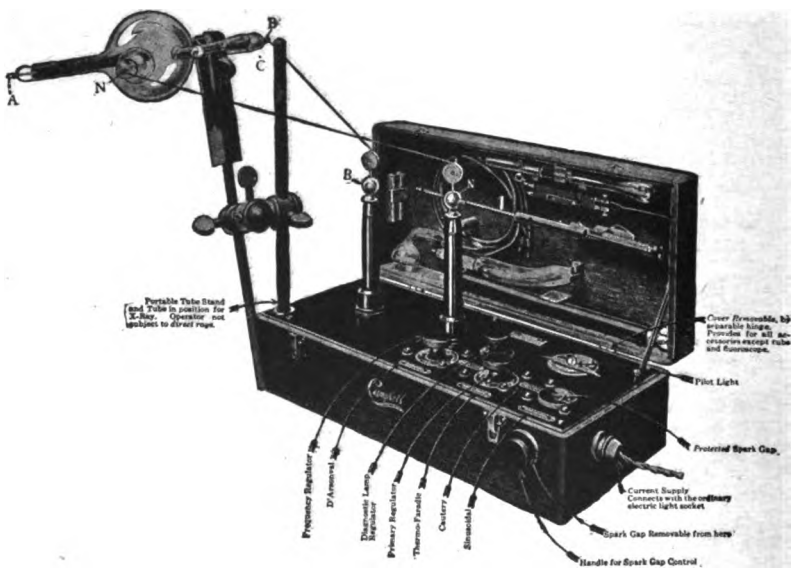

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ORIGINAL COMMUNICATIONS.

A BRIEF RESUME OF THE PROGRESS OF SOME THINGS REMEDIAL DURING 1910.

By S. E. Earp, M. S., M. D., Indianapolis.

President's address before the Indianapolis Medical Society, Jan. 3, 1911.

To review the various agencies used in the cure of disease or its prevention during 1910, from which benefits have been derived, would be too large a field to harvest at this time, consequently I will confine myself principally to a brief resume of some things remedial in which there has been evidence of progress. In some cases mention may be made of those that are still in the balance, others in which there is a slight downweight in favor and a few things that have been learned it may be necessary to unlearn.

Arsenic just at this time seems to be the agent which is in a very brilliant lime-light. There were those who thought it was destined to oblivion so far as its use in diabetes mellitus was concerned, when the ductless glands were to be held responsible for so many pathologic conditions and yet it held its position and not a few have accepted the reasoning process of Sajous, who says that the test-organ and adrenal center being overactive in diabetes mellitus the remedy which suggests itself is that which serves physiologically in the body to subdue the functional activity of these organs. When there has been evidence of harm in its use it was in cases of asthenic glycosuria. Fowler's Solution is given preference with Clemens as a second, either one to be increased until there are signs of physiological effect. Thus far what has been said, so far as the remedy in this particular disease is concerned reminds

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us of our student days, but now comes some confirmatory evidence and furthermore it has been shown that there is some relation between diabetes and the islands of Langerhans and Cecil has found that the pituitary body in some cases was also pathologic, that is to say, there were co-existing lesions, hence perhaps at times it was the asthenic rather than the sthenic which has been selected for its administration. Rudisch (Medical Record, June 26, 1909) by the use of atropia sulphate in a large number of cases reduced the amount of sugar and increased the corbohydrate tolerance. The atropia sulphate was given in 1-150 grain doses three times a day and increased to 1-20 of a grain. The use of opium even in the form of codeine seems to be loosing ground and of the bromides perhaps strontium is most in favor and this is true in the case of the salicylate of strontium. Progressive Medicine for June, devotes much space to the "oat-meal cure" of Von Noorden, and says that recent observation confirms the advantages claimed for it in certain groops of cases and Crofton's summary is given, which shows that the most brilliant results are obtained in children. He attributes the success of the oat-meal cure to the fact that along with the oats there is introduced into the body a substance which is capable of directly stimulating the internal secretions of the pancreas concerned in carbohydrate destruction. During the year none has been able to controvert the statement of Lepine, the noted investigator and celebrated authority on diabetes, who asserts that drugs are of no avail, unless associated with suitable diatetic restrictions. (Prog. Med. June 1910, Australian Med. Gazette).

Arsenic again leads us into the consideration of Sydenham's Chorea. Only four years ago we thought this remedy for chorea had been placed in the den with other things antique and yet during the past year not a few favorable reports have been published in which the patients were cured by giving 30 drops of Fowler's Solution three times a day, the claim being made that heretofore the dose used was too small. I have in my mind a question mark and have not been venturesome enough to use this heroic dose. It is likely that a question mark in parenthesis should follow this statement and I am sure that I would not advise so large a dose even if at the onset a small one was used, with increase to this one. During the first half of the year I did verify the experience of some others in the value of salicylate of sodium but perhaps you may say the cases were the so-called rheumatic chorea and this may be true, for in a very large per cent of all cases these two diseases seem to be associated. It is possible that the chromium sulphate may yet be used. The hypodermic use of sulphate of magnesium does not seem to have met with popular favor.

Arsenic still holds its own with its fellows strontium and some of the iodides in the treatment of asthma. I am sure that I have obtained remarkable results in some cases from the use of iodide of ammonium and hyoscyamus. Some of the very recent popular methods of treatment have been rigid discipline which is always necessary, breathing exercises with practice of increasing a pause between inspirations, ice to the occiput, and psychotherapy. Boelike (in the Med. Klin.) has found that pyrenal is valuable in asthma, he gives 45 to 60 grains a day. Pyrenol is made from Siam benzoic acid and thymol with systhetic benzoic acid and oxybenzoic acid. Spriggs obtains benefit by simple hygienic measures such as regular movement of bowels, dropping evening meals, avoiding fatigue and for severe attacks an injection of atropine 1-100 grain repeated in one hour if necessary. (Int. Clin. 20 series Vol. L) Gunzee reports that in every asthmatic the hight-frequency interrupted current to the vagus, accessorius, phrenic, and sympathetic nerves produces an anesthetic effect, relieves the breathing after a few minutes, and may, after several sittings, terminate the asthma. (Progressive Med. Sept. Med. Klinik, Aug. 8.) Arsenic in the form of Fowler's or Donovan's Solutions is one of the most valuable agents in the tonic treat-

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ment of pellagra, yet we must bear in mind its contraindication when there is an irritable stomach, which is often the case. The doubt which now exists concerning moulded grain as a cause may lead to a more accurate knowledge of its etiology and hence a rational treatment. We must be content with the local protectives, such as benzoated oxide of zinc ointment, tonics, nutritious diet and complications or sequellae to be treated, as in other diseases, however, Dunlap, in Northwest Medicine for Dec. 1910, after reporting a series of cases, says, "as to the therapeutics I can add nothing except that transfusion from a recovered pellagrine offers the best promise." A few years ago we believed this disease thrived in foreign countries only, yet in our ignorance we have had it with us for 20 years or more and during the past year we have partially awakened from our slumber and perhaps in another year we will be wide-awake and know more of its etiology and treatment.

In the case of Hookworm disease until recently our eyes seemed to be behind tinted glasses, but we no longer trust to the therapy of anemia only, but the patient is given a fluid diet, after which Epsom salts and on the following day 30 to 40 grains of thymol, then the saline again, and a cure is expected to result. Thus far, frequent reference has been made to arsenic, a remedy which in the past was indebted for its virtue in the domain of medicine to empiricism. An alterative in classification because it altered morbid processes, all of which was meaningless, and yet, when we were looking for some agent to defeat an offending organism and not injure the cells of the body, Ehrlich presented to the world with what now seems to be the boon for mankind in arsenobenzol for the cure of syphilis. An evening was devoted to this subject recently, by this society and a repetition would be inappropriate at this time, suffice to say that several patients have been successfully treated at the Indianapolis City Hospital by Drs. Wynn and Brayton.

The bacteriology of rheumatism has been the subject of a large number of contributions during the past year and some are of the opinion that the specific organism has been found, but many more are in doubt. The vaccines have been in evidence but on the whole confirmatory evidence is needed. The Bier treatment which has proven so valuable in other avenues of disease has produced good effects in rheumatism. Ruggles, in the New York Medical Journal, Jan. 22, concludes that the good results are not only on account of the heat upon the circulation but it acts upon the exudates and pathogenic bacteria. Lees, in the British Medical Journal, Jan. 15, 1909, called attention to the small doses of salicylate of sodium and advocated the use of larger ones, for instance, 15 grains each two hours as necessary to ward off heart complications. Several articles have appeared in American journals with the same trend. It does not seem that we can abandon the use of at least some form of salicylic acid until more light is thrown on the etiology. During January, February and March 1910, I gave 30 grains of salicylate of sodium, each three hours, to patients with acute rheumatism, at the Indianapolis City Hospital. A report which I published in the New York Medical Journal. Some patients were relieved in twenty-four hours; there were few heart complications and all recovered. Heart complications were cured by treating the cause rather than to simply relieve the symptom by digitalis. Dr. J. F. McCool, prepared quite a lengthy paper for his Cum Laude degree in which he gave the statistical detail of all cases which were treated at the hospital during his service as interne. The drug in doses that I have indicated produced a cure in all cases. It would be a good paper to read before this society.

The change in relation of antitoxin to diphtheria seems to be that the doses heretofore were too small and when untoward results were obtained it was because the remedy had been used too late in the disease. When I received Vol 2 of the 20 series of the International Clinics for 1910, the statement of Dr. James J. Walsh, of New York, seemed to me at first thought, rather queer, and upon reflection, reasonable. He says,

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speaking of antitoxin, I feel as a medical historian, I must point out that its introduction was brought about by what the English call a fluke. The result was well intended, but it was not accomplished by the means employed for the purpose. Something happened to help out diphtheria serum in the early days. There was little more than expectant treatment when the first doses of serum were given, yet good results were secured. When this is taken in connection with the fact that other serums have proved nugatory, it would seem as if there was some mystery in antitoxin which still remained to be solved. An examination of the statistics of certain other of the children's diseases, specially scarlet fever, seems to show that the death-rate in that disease has been reduced nearly if not quite as much during the past fifteen years as that of diphtheria. It would seem that the end of the consideration of the employment of antitoxins is not yet in sight and that we may still have a revolutionary discovery in this important matter. Germain, to this subject I found an article by Dr. A. K. Sallom, in the Medical Record for Dec. 10, 1910, which gives a report of 32,317 cases of scarlet fever occurring in Philadelphia during the past twelve years, of this number 1,759 died, which is a mortality of about 5 per cent. However, these facts do not by any means warrant any person underestimating the value of diphtheria antitoxin, furthermore, during the past year the statistics show that large doses may not prevent paralysis but may render it mild in form and that the remedy should be given in the convalescent stage of the disease also.

The negative phase in therapeutics is represented by tuberculosis, and but few steps have been taken in advance of the position of a year ago. Most of the remedies had a mushroom permanency only. Succinimide of mercury, in fact any of the mercurial preparations given in tuberculosis are not specific in their action, and the syphilo-tuberculous if benefited for a time, in a few months, tuberculous retrogression was more marked and the end thus hastened. The advance which had been made is in the education of the laity and thus preventive medicine has won a signal victory.

In pneumonia, perhaps, there has been some encouragement from the vaccine treatment and yet strychnia and atropia with light nutritious food and a cot under the old apple tree in the orchard where sunlight and fresh air are in abundance meet with favor.

The theories as to the cause of the toxemia of pregnancy have been as numerous almost as the alleged cures for tuberculosis. There is now something new suggested in its etiology. Some of you probably have read the article by J. R. Mitchell in the Medical Record, Nov. 10, 1910, in which he advances the idea that eclampsia of pregnancy with a similarity to tetany, is to be attributed to a calcium starvation of the patient. The experiments of Januschki that oxalic acid poisoning is caused by the withdrawal of the calcium of the body by its combination with the acid and that replacing that which is lost by the administration of calcium and thus relieve the symptoms seems to favor the position of Mitchell in a degree and sufficient confidence is shown by the Medical Record of Dec. 17, 1910, in which it ventures to say:

The growing fetus is a calcium parasite, and will have this element even at its mother's expense, causing in the latter carious teeth, headaches, and nervousness. In pronounced calcium deprivation, the "nerves writhe in protest," first with intermittent, tetanic twitchings, later with frequent tetanic convulsions. The administration of calcium salts quickly relieves these manifestations. This theory ingeniously explains in a most simple manner the causation of the toxemia of pregnancy, about which the theories already published have been legion. The edemas of gravid women receive a further rational interpretation in Meyer's hypothesis of the diminished permeability of the walls of the blood-vessels resulting from the withdrawal of calcium. The theory advanced by Mitchell and supported by his clinical experience explains better than any other the manifold phenomena of eclampsia, name-

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ly, its greater frequency in twin pregnancy and at term, the nervous excitability and convulsions, the delayed coagulation time of the blood, the decayed teeth, the urinary findings, the associated edema, the eclampsia of lactation and that of the newly-born, and the cessation of convulsions under milk diet.

The protective value of typhoid vaccination seems to be assured. It appears to be one of the facts in medicine. That it be made compulsory has been recommended by Surgeon General Torney. Three doses are injected with an interval of ten days between each, and it renders an immunity for three years. The site selected is the arm. 11,338 persons in the army have been vaccinated since March 1909. Three cases developed but no deaths. The cases were mild. There were 306 cases among 74,450 unvaccinated. This is obtained from the annual report of the Surgeon General.

Stewart in the Monthly Cyclopedia and Medical Bulletin for October, suggests the name "bacterin" as synonymous with "bacterial vaccine," and concerning some of the agents in bacterial therapy says: As to the Neisser bacterin or gonococcic vaccine, it is generally agreed that in the treatment of acute cases of gonorrhea, as large doses are not required as in the chronic cases, and also that arthritic cases require much larger doses than urethral ones. Acnebacterin is said to give better results in the treatment of comedones than the staphylobacterin, while the latter seems to be preferred in acne indurata. Many cases of acne do well under the treatment with mixed stock vaccines—albus, aureus, and citreus, other cases apparently require treatment with autogenous vaccines. Treatment with combined staphylococcic vaccine has proved quite successful in chronic furunculosis. In spite of the frequent failure of bacterial therapy in staphylococcic infections, excellent results are often obtained from treatment with stock vaccines. As to the combined treatment with serum and bacterin, he has found it effective, and advantages are obtained by using the bacterin first, as it alone may be found to be sufficient. As to the pneumococcic bacterin, attention is called to the following points: early diagnosis, early administration of the vaccine, and the necessity for full doses. Apparently beneficial results have followed its use. The statement is sometimes made that bacterial vaccines are perfectly harmless. As a general statement it is safe to say that drugs which are "perfectly harmless" are perfectly useless. Bacterial vaccines or bacterins consists of killed pathogenic bacteria and their toxins. They are, therefore, toxins, not antitoxins or curative sera with which they are frequently confounded by physicians unfamiliar with bacterial therapy. Used with proper precautions and with properly selected cases, it may be stated that they are harmless, and not only do not harm but are directly curative. When used without discretion, however, they may do harm, although fortunately it is slight and no serious results are to be apprehended.

We hoped for substantial cures by the use of the Rontgen-Ray in leukemia and yet thus far conditions only have been bettered without a permanent cure. It seems like working in the shadows when the etiological factor is unknown. The sum and substance of the position at this time is that the Rontgen-Ray treatment is a palliative measure and gives a longer expectation of life and to say the least, this seems a step forward, and perhaps it may be well to include that arsenic is sometimes used in conjunction and possibly the "old may be a crutch for the new."

Perhaps, some of the most important contributions during the past year have related to the treatment of the diseases of the mouth and their prevention. Dr. Merritts, in the International Clinics, 1910, suggests that oral prophylaxis should date from the birth of the child onward. In infectious diseases, other portions of the body containing reservoirs of infection have been given attention and hygiene of the mouth has been neglected. All food passes through this channel and yet consideration of its dangers has not been given the importance it merits. Healthy children are shown to

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have spread diphtheria and whooping-cough equally as much as convalescents. The mouth frequently contains the infection when children do not show symptoms of the disease. In the reproduction the transfer of disease-organisms from mouth to other persons maybe prevented by the proper mouth hygiene. Even physicians after visiting their patients frequently have a germ dirty nose or mouth and by a simple sneeze or cough deposit pneumococci or tubercle bacilli where they do harm. Riggs disease, tonsilitis and syphilis are danger signals. Johnson suggests that the mouth be rinsed several times a day with cool water and then with some mildly antiseptic and astringent wash, such as the liquor antisepticus, alkalinus, or that recommended by Dr. Truman:

℞ Hydronaphthol 3ss
Glycerini,
Alcoholis .....aa ad ʒ11j
Olei gaultheriæ ..... mx

M. Sig.—Twenty drops to a half glass of water.

From the same source of information and with a like connection, Merritt after suggesting the vaccine treatment in Riggs disease, says that the role played by bacteria in pyorrhea has long been the subject of inquiry, which since the investigations of Wright and Leishmann has been studied with increased interest. The organisms most frequently found are the streptococcus, staphylococcus, pneumococcus, micrococcus catarrhalis and more recently, Vincent's fusiform bacillus. One of the interesting points in vaccine treatment is more or less complete disappearance of all subjective symptoms, such as pain and mastication, sensitive to therma, shock, pain and swelling in the gum, etc., and this without local interference. Furthermore, we find a disappearance of the systemic symptoms of the disease including gastro-intestinal toxemia and anemia. Dr. Merritt emphasizes the fact that all physicians should carefully scrutinize the mouth of patients for an etiological factor in gastro-intestinal diseases, pernicious anemia and arteriosclerosis. He says it should never be forgotten that Riggs disease is a curable disease so long as there remains sufficient tissue to support the teeth after the disease has been eradicated. This is encouraging and very important when we consider that there are those who in the past have taught that the disease is incurable.

Incidentally the subject of some of the later reports in which there has been progress might be mentioned. For instance the injection of horse or sheep serum for hemophilia; the serum of Flexner or Wassermann for cerebrospinal meningitis; bacillus of whooping-cough and vaccine treatment; bloodless nerve-stretching in sciatica; alcohol injections in tic doulourex by Patrick; perhaps we are soon to find a remedy for the organism which is the cause of poliomyelitis, if such there be, as it now seems assured, but its mode of transmission is in doubt; and yet, when it is reproduced in animals all efforts to produce an immunity have been unsuccessful. The statement even now has been made that the sandfly is the cause of pellagra and the evidence seems sufficient to substantiate the claim. We are now in the expectant stage and a specific form of treatment may soon be forthcoming.

When we call to mind what has been accomplished in organo-therapy and phycotherapy and within the past month and the results of the Bier treatment, it is impossible to foresee the possibilities of many of the remedial measures which have come to the notice of the medical profession during 1910.

Many of the so-called discoveries are relegated to oblivion and hence there should be much conservatism. To be sure, you are right, and then go ahead is never harmful. Caution is a good word. In the lingo of politics "to eat crow" is embarrassing. Such an experience makes the profession slow to grant recognition to anything in the line of a radical innovation.

The Medical Fortnightly for Nov. 25, 1910, very wisely advises deliberation in accepting anything that tends toward radicalism. I take it that this need not necessarily apply to arsenobenzol alone, but to all remedial agents wherein suf-

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ficient time has not elapsed to prove their efficiency. In taking this stand the Fortnightly says that it has been said, and we believe truthfully, that the higher specialized a man is, the more readily he accepts innovations, that he is always so interested in the new that he fails to realize what he has abandoned.

Certain it is that the profession as a whole contents itself with the ultimate results from the laboratories and clinics of those who try out many things with which we never bother ourselves. Sometimes there occurs an innovation in the way of an agent which is so widely heralded that none can remain in ignorance of it; it is backed by men of world-wide repute and nothing reaches the rank and file but words eulogistic of it. The profession has learned to trust certain sevants, and we hope that the trust may never be shaken; it will be little short of a calamity if there ever comes a time when there shall be distrust of methods or aims.

In some instances our anxiety for success has made us accept methods that seemed to be genuine discoveries to be soon followed by disappointment. It is evident that many of the older remedies have new avenues of usefulness and it is well to be patient until we have positive assurance that we are not dealing with fancies but facts. This is the laudable position taken by Professor Ehrlich, his trusted jurors will render the verdict and he as judge will announce the decision.

REMOTE EFFECTS OF FOREIGN BODIES IN THE TISSUES OF THE HUMAN BODY.*

By W. W. Vinnedge, M. D., Lafayette, Indiana.
With comments by Drs. B. M. Ricketts, W. E. Smith, H. B. Gilbert, W. T. Mefford and R. B. Wetherill.

The clinical notes of penetrating wounds of cases herewith presented are very interesting in many ways. The reports of the cases of foreign patients have been abstracted and abridged from professional, detailed statements for this communication.

It is professional history for many ex-soldiers who have seen active service, or rather those who have survived severe engagements, to present themselves at hospitals or in the offices of physicians to have bullets or pieces of shells or bones removed from their persons, after many years, most frequently from the upper thighs.

These ex-military patients are most numerous immediately after the conclusion of a national war, decreasing from year to year until they cease to be seen at all. Patients from civil life having foreign bodies embedded in their persons of greater or lesser duration are not infrequently applicants for relief, but they are not so numerous or as a rule, so important as those from military life. As an illustration of some of the remote effects of penetrating wounds of this class, the following brief notes are presented, and in addition to the facts contained in them, attention is drawn to other interesting, practical questions suggested by them.

Case 1. During the Jameson raid, South Africa, Jan. 2nd, 1896, a farmer, thirty years old, received a mauser bullet in his right thigh, striking a clasp knife hanging from his belt during its

*Explanatory Note.—To the Editor: I have sent you a short paper on "Remote Effects of Foreign Bodies in the Tissues of the Human Body," and have cited a few clinical cases, having in mind more especially the cause or causes of the changes that take place around foreign bodies, especially bullets, embedded a long time in the deeper structures of the body or extremities. It occurred to me that the value of my paper, however much or little, would be much increased by a discussion of it by mail, so I sent out carbon copies to a few friends, and I am sending you their personal communications. W. W. V.

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flight, just before its entrance into his person. Two medical men attended him on account of the injury at the time, but failed to locate the bullet, so it remained in the flesh and the external wound healed. About the beginning of 1905, severe right-sided sciatica kept him in bed about thirteen weeks; after this experience he suffered more or less with pain in the right leg. After much exertion the affected extremity "gave the sensation of being asleep." During Feb. 1906, the wound "broke" and began discharging pus, the opening being on the antero-external aspect of the upper third of the thigh. About this date a second exploratory operation was conducted, but it too failed to locate the bullet. The patient was then sent to the Bulawayo Hospital in order to have the benefit of an X-ray examination. The skiagram, not a good one, furnished a very faint and ill-defined blur rather to the inner side of the femur and just below the level of the sinus opening. On the 19th of April, 1906, a longitudinal incision was made under anesthesia and the bullet mushroomed at one end, was found and extracted, and the wound was drained anteriorly. On the 6th day of May, following, a large sequestrum was removed through the external wound, being derived from the anterior surface of the femur. June 1st, following, the patient was discharged from the hospital practically well. The pain and numbness complained of by him was doubtless mechanical as to cause, due to pressure against the nerve trunk by the foreign body.

Case 2. During the battle of Omdurman, Sept. 2nd, 1898, a quondam Dervish, an Arab, about thirty years old, fighting in the front line, during the first volley of the British soldiers, received in the supero-antero-external aspect of his right thigh, half of a sharpnel bullet, one-sixth of an ounce of metal, penetrating halfway through the thigh where it remained quiescent and unnoticed eleven years. Four months before his admission to the Omdurman Hospital the bullet began troubling him, pain, swelling of the upper thigh, ending in an abscess, close to the bone, the walls of which were fibrous in character, and one and one-half inches thick. Awhile before his admission to the hospital an Egyptian doctor had incised it and extracted a small piece of bone, leaving a discharging sinus, the opening of which was about one inch below the level of Poupart's ligament. On December 1st, 1909, eleven years after the receipt of the injury, an anesthetic was given and an incision made and half of a sharpnel bullet extracted together with a piece of bone from the abscess cavity. One month later the patient was well enough to leave the hospital, which he did quietly, in order to resume his work as a cultivator of the soil at Rufaa, a village on the banks of the Nile.

Case 3. This case is abstracted from Longmore (P. 341). A man wounded sixteen years previously, at Maharajapore, in 1843, stated that he had not been inconvenienced by the presence of the missile in his thigh until a short time before he appeared for its removal from the right supera-spinous fossa, in 1859.

Case 4. In the beginning of my medical studentship, a few years after the civil war, in Cincinnati, in the Good Samaritan Hospital, in the amphitheater, I saw the late Dr. George C. Blackman extract a bullet from the upper posterior thigh of an ex-soldier which had been received by him during one of the battles of the civil war, and which had remained in the thigh, causing little if any inconvenience until a short time before his admission to the hospital for its removal. The man appeared to be about thirty years old, muscular, strong, and the operation was done under an anesthetic. The patient laid on his back on the operating table and the incision was made posteriorly while the thigh was flexed at a right angle with the trunk; the incision as I remember it, was about three inches in length, and the bullet was discovered behind the upper third of the thigh and apparently mid-way transversely. I well remember when the operator discovered and held it up in the grasp of a pair of forceps in view of the applauding class. This patient made a speedy recovery, and it is my information and belief that he left the hospital cured. The bullet had remained embedded in the

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muscles of the thigh at least six years, and had caused the patient little if any inconvenience until a short time before his entrance to the hospital as a patient.

Case 5. This case was a sad one, the patient being in the City Hospital, Cincinnati, ward "D", south end of the ward, an ex-civil war soldier by the name of Cox. I became acquainted with him during my service as interne in the hospital. During some one of the engagements of our civil war he had received a bullet into his upper thigh which he had carried without inconvenience for several years. The tissues surrounding the bullet became inflamed, as I remember the clinical record, and before I became acquainted with the patient, one of the staff surgeons had opened and drained an abscess cavity which communicated with the hip-joint. When I became acquainted with him the upper extremity of the femur was necrosed, and there was a copious discharge of pus, and the poor man had lost courage and patience. He died, I think about the first of June, 1870, in the hospital. I do not re-call the previous history of this patient very well.

Probably the first practical suggestion these case reports furnish is as to treatment. Since foreign bodies embedded in the human body, though aseptic at the time of entrance, are almost certain to become infected and require surgical interference, it is better, where possible, to locate and remove them with as little delay as may be. Of course, the X-ray when available, is indispensable as a guide to a diagnosis and operative steps.

These cases have a suggestive inquiry as to every day surgery. For example, if aseptic foreign bodies, both organic (bone) and inorganic (bullet) remain so long embedded and unchanged in the human body, finally become infected and are more or less dangerous, necessitating removal, is it not reasonable and fair to question the propriety of the use of the term absorbable sutures and ligatures—meaning thereby ligatures and sutures absorbable by healthy tissues? There are of course, various degrees of resistance to chemical action of abnormal fluids of the body, such as pus and unhea'thy urine. These statements do not include digestive secretions from the intestines.

Further, "the instinctive provision in parts remove themselves so as to bring extraneous bodies to the skin for exit" (Hunter) is one explanation for conditions; while another writer (Longmore) "ascribes the unchanged condition of such foreign bodies after being embedded for several years in the body as due to the exclusion of access air"; and another (Christopherson) believes a "full explanation is that so long as the micro-organisms of suppuration are excluded the body remains inert and unchanged, but as soon as micro-organisms of suppuration are introduced (through the circulation) then the foreign bodies become infected which must take place sooner or later and when it does, the individual's troubles and disabilities are resumed. It appears that healthy tissues do not absorb foreign bodies, but deal with them by encysting them; as a rule they do not move in the tissues except in the case of short-pointed substances—needles, for example. The "instinctive process", referred to above, is the process of infection which takes place sooner or later, and it is then that extraneous bodies move and are brought to the skin for exit.

COMMENT

By Dr. R. B. Gilbert, Louisville, Ky.

Dr. Vinnedge's paper is interesting and instructive. It will doubtless remind many of the older members of the profession of the surgical clinics in their college days, forty years ago. Many such cases as the doctor describes were operated on, removing bullets and fragments of bone, results of wounds received in battle. I well remember seeing the late Prof. D. W. Yandell remove a large leaden ball from the lumbar region of an ex-soldier, that had been embedded in the body of one of the lumbar vertebrae for several years.

While serving on the Board of Pension Examining Surgeons in the years 1885-6-7 and 8, I saw quite a number of old gun-shot wounds in which the missile had remained in the tissues, then twenty or more years. Where the lead did not

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wound the bone, or where particles of the clothing had not been carried into the tissues, the ball gave little inconvenience, excepting slight interference with free use of the muscle in which it was embedded. One case in particular I recall, where a man had received a gunshot (evidently a so-called "spent ball"). The ball entered the thorax, two inches to the right side of the sternum and between the third and fourth ribs. The patient gave a history of considerable hemorrhage from the lungs, and a pneumonia, from which he soon recovered. The external wound healed promptly. The ball was, in recent years, located by use of the X-ray. It was found deep on the diaphram just above the eleventh rib and near the spinal column. It had evidently fallen down on the dome of the diaphragm, after wounding the lung, and had rolled downward and backward, and remained quietly there, causing only slight pain on deep inspiration.

I doubt not that the U. S. Army records and those of the Pension Office, will show thousands of cases of long-embedded leaden balls lying inert in the tissues. Yet, when some intercurrent disease comes on, these old wounds may become infected and become a source of trouble. Instances of such occurrences are occasionally spoken of when we read of the sickness and death of some old veteran, who had received a gun-shot wound in the Civil War, over forty years ago.

Such cases are, of course, rare in civil life, though occasionally met with as result of accidents. More than thirty years ago, while hunting, I received a small leaden ball in my left arm, over the lower third of the deltoid muscle. It has remained there quietly ever since.

In view of the fact that bullets in the flesh, even if they are causing no trouble at present, may at any time become a source of danger, either of their own account or on account of infection caused by some intercurrent disease, should they not be located and removed? In this day of the X-rays and antiseptic surgery, it appears to be the advisable thing to do, notwithstanding the motto of the late Jonathan Hutchings, "never to disturb a sleeping dog."

By Dr. B. M. Ricketts, Cincinnati, Ohio.

Penetrating wounds are diversified in character, and due to many causes. Their character may be simple or complicated and they may be inflicted by implements made from metal, stone, wood, bone, ivory, teeth, seeds or the vegetable or animal fabrics, clay or any of their compositions. When of a simple character the substance has been withdrawn or passed through the body, its member or viscera, or into the cavity of the viscera, while in the complicated variety a part or all of the substance remains in one or more of these localities. For the sake of brevity and to comply with the parent thought only, penetrating wounds of a complicated variety, due to metal substances in the form of explosive missiles, not resulting in death, after the wound has been closed will be considered.

Such conditions and their consequences have been recognized since the discovery of fire-arms. The danger has become less with the reduction in size and increased velocity, together with the shape, composition and character of the composition of the missile.

Primary infection is unquestionably less frequent, while secondary infection must be so, because of the additional lessening in size of the foreign body. There is scarcely any soft or hard tissues or organs of the human body in which metallic or other substances, (especially metallic) have not found a resting place for an indefinite period of time without but little, if any, inconvenience or noticeable effects.

Infection does not occur in all tissues alike or with the same frequency or severity. Indeed the cause of secondary infection of cysts containing metallic missiles is not known. It is supposed to be the result of infected bacteria invading the tissue of a low mortality from the blood or lymph channels. However, these bacteria may enter by way of the sweat and sebacious ducts.

Of the more vital organs of the body, in which foreign substances have been found are the heart and lungs. Wood (1814) reported such a condition, as did also Sherwood and Davis (1834), since

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then, many cases have been reported. Among those most interesting is the case of Hamilton (1867) where a leaden ball was embedded in the wall of the right ventricle for twenty years, without the cyst becoming infected and without having caused death which was the result of pneumonia pure and simple.

Balch, (1867) also reported a case on which the ball remained in the cavity of the heart for twenty years without infection. While Pool, (1889) records a case which survived eleven days with a bullet embedded in the apex of the heart.

Retained foreign bodies in the lung and bronchi have been of more frequent occurence.

Buchtfield, (1671) is among the earliest writers to publish cases of foreign bodies in the lungs, since then a great variety of foreign bodies, among them leaden missiles have been found within these organs. One of the earliest is that of Moore, (1847) who states that he found a leaden missile in the lung, in which it had been buried for fifty years, without causing serious trouble. Warren, (1857) found pistol balls suspended within the chest by the pleura eight years after their entrance. Thus it has been shown that death does not necessarily result from the presence of bullets within the more vital structures of the body. However, the question of their removal primarily or secondarily to their entrance into living tissues remains unsettled though their locality may be definitely determined by means of the X-ray. Such surgical treatment can only be determined in each individual case, with the presence of pain, discomfort, disability or infection, or all.

There should be no question as to the course to pursue which would be the removal of the foreign body.

Concerning the question of absorbable and non-absorbable sutures and ligatures much has been said, while each of them have been buried indefinitely without any subsequent trouble whatever, there is sufficient evidence to doubt the propriety of ever using non-absorbable material in certain tissues of the body.

By Dr. W. E. Smith, Manistee, Mich.

As to the "instinctive process." This is the process which takes place sooner or later, an abscess forms around a foreign body, and the pus under great pressure takes the direction of least resistance which in most every instance is towards the surface. If aseptic foreign bodies, as bone and bullet, become finally infected and more or less dangerous, necessitating removal, is it not reasonable and fair to question the propriety of the use of the term "absorbable sutures and ligatures," meaning thereby ligatures and sutures absorbable by healthy tissues? I don't think the term absorbable sutures and ligatures can be compared to the absorbability of the bone and bullet, the sutures and ligatures being of animal membrane, which is so much more easily digested and absorbed. In cases where (absorbable) sutures and ligatures are used in the approximation of healthy tissues, which later on, the same area being opened and no sutures or ligatures visible, what has become of them?

Since foreign bodies embedded in the human body though aseptic at the time of entrance, are almost certain to become infected and require surgical interference, it is better, where possible, to locate and remove them with as little delay as may be. A bullet wound should never be probed either in an attempt to find out the location or in endeavor to remove the bullet (Nancrede), for in so doing one is liable to infect the whole tract.

While acting as house physician last month (Oct. 1910) at the University of Michigan Hospital, Ann Arbor, a gynecological patient in furnishing her clinical history, stated that she had run a sewing needle in her left breast eight years previously. An operation was unsuccessful in finding it. It never caused her any inconvenience and she did not enter the hospital for its removal. However, an X-ray located it just above the apex of the scapula, near the surface, where it could be easily removed.

Dr. W. T. Mefford, Chicago, Ill.

Dr. Vinnedge's paper is certainly of great interest and one that every physi-

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cian should be well acquainted with, as it is just this class of wounds that first fall into the hands of the general practitioner and are often very trying as to just what is the best course to pursue. As a rule bullets in muscle tissues generally become encysted and give little trouble thereafter, still, if these bullets lodge in tissues not favorable to encystment, as against bone, tendons, or perhaps large nerves, they are most likely to cause just such trouble as mentioned by the doctor. Again, split bullets with sharp edges or points are not so likely to become encysted. Bullets easily located and especially near the surface should be removed at the time of the injury. Bullets in the deep muscle tissue and not easily located may be let alone as such usually becomes encysted and seldom gives trouble thereafter. When pyogenic infection takes place about a foreign body of this kind it is not usually of a very virulent nature or kind. The individual, as a rule, showing no grave systemic disturbances at the commencement of the infection. The source of infection about a foreign body of this kind is much the same as a pyogenic infection about the ends of broken bones.

Foreign bodies with suspected or known sharp edges and points should be removed at the time the wound is made unless the aseptic surroundings prevent. By all means remove them as early as possible after the injury.

By Dr. R. B. Wetherill, Lafayette, Ind.

The subject under discussion is a complicated one, as many factors must be considered, such as, the material composing the foreign body, its shape, its size, the tissue invaded, the traumatism produced and whether or not there is carried upon its surface the germs of infection. Eliminating those cases followed by immediate suppuration, caused by the introduction of pyogenic bacteria, the behavior of the foreign body would be as follows: As the result of the inflammatory process caused by the injury to the tissues there becomes organized a fibrous envelope completely surrounding the foreign body, a tissue poor in blood supply and lymphatics, which in a large number of cases will form a barrier against the entrance of pyogenic germs, through the medium of the blood vessel and absorbants. If in the course of time the integrity of this protective envelope is impaired, it will allow the entrance of bacteria to the foreign body. Suppuration will follow with the resulting effect in the tissues to rid themselves of its presence. This will occur more readily where the foreign body is irregular in shape or is situated close to a joint, where it will be most likely to be disturbed by the movement of the joint. On the other hand a foreign body of medium size with smooth surface and composed of a material non-irritating to the tissues situated in favorable parts of the body may remain quiescent during the life of the patient.

FIXING THE PRICE.

Two miserable-looking hoboes called on the Dean of a medical college and proposed that he purchase their bodies for the dissecting-room, as they were on the verge of starvation and had not long to live.

"It is an odd proposition," hesitated the Dean.

"But it is occasionally done," suggested the spokesman, eagerly.

"Well," said the Dean, "we might arrange it. What price do you ask?"

"Over in New York, replied the spokesman, "they gave us forty dollars."

—Lippincott's.

ON CHRISTMAS MORNING.

Willie: "Oh, Papa, I heard Santy Claus last night. He bumped his foot against a chair, and he said —"

Willie's Papa: "There, there, Willie, I know what he said. Run away now."

—Lippincott's.

CREDIT WHERE CREDIT IS DUE.

"I don't think much of Fletcher,"
Remarked the mooley cow.
"I know he claims the credit,
But t'was I who showed him how!"

—Lippincott's.

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THE DEATH OF MRS. EDDY.—EFFECT UPON THE CHRISTIAN SCIENCE CHURCH.

Commenting on the passing of Mrs. Eddy the Medical Sentinel says:

When at the ripe old age of 89 years, Mrs. Eddy, of Christian Science fame, was "in error" for a week, pneumonia caught her and she passed on. A year or two ago there were rumors to the effect that she had been in serious error before, that she had died and been buried, and that a dummy represented her in the rides that she was supposed to take daily. But evidently that was a newspaper sensation of the silly season, and she lived to the 3rd of December. Many people who felt sure that some day the old lady would join the great majority, wondered what would be said when the time came. It is nicely passed over by her adherents, who declare that she "was in error." No physician was called during her last illness. Her great age might have rendered it impossible for the most skilled to have prolonged her life. However, that may be, the irrevocable has happened, and she is no more.

It is difficult to say what will be the result upon her church of her demise. She left her book, which she and her most devout followers place as second only to the Bible. She tried to instill into their minds that it was inspired and was the last word on the subjects with which it dealt. She had wisely for some years, passed on the management of her church to coadjutors, thus leaving her last days to pass in serenity, without the wear and tear of troubles and dissensions that would necessarily arise in the government of such an institution. Time was when she was an autocrat; but that time passed away, as she had sense enough to realize that for her to retain a strong hold of the affairs of the church would mean worry and an earlier condition of "error" that would be fatal.

She has no successor, in the sense that the Pope of Rome has a successor. The early Christian church made ample provision for a successor as the head of the institution, but the Christian Scientists appear not to have done this, and this omission may result in "error" as far as the church is concerned. There is a good deal of the worldly in most religious organizations, necessarily, and with this worldliness is liable to go personal ambition, love of power and influence that, uncurbed by well recognized authority, will tend to wreck the system.

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The Post Graduate stated some time befor Mrs. Eddy died that;

Where any religion is so distinctly individual as the one personally conducted by Mrs. Eddy, we are certain to have such a result as has followed in the case of Mrs. Stetson; and the Christian Science system, like a taenia solium, will remain alive so long as the head survives. Our advice for would-be leaders is for them to wait until the demise of Mrs. Eddy, but when that occurs we shall expect so much rivalry between leaders that the whole system will have had its day. This is to be anticipated from the past history of other sects in religion. The questions of leadership and of the disposal of funds, have been the two rocks between which sects have found difficulty in steering.

And further:—

We shall be sorry to see Christian Science go, in a way, because it furnishes a *modus vivendi* for a large number of the neurotic people of the highest degree of intelligence and social position, who furnish the uncomfortable element in social life—the people who are uncomfortable themselves, and whose active temperaments are effective in making a great many other people uncomfortable. Christian Science has given health to a large number of the sufferers from nervous prostration, which the school boy classified among the contagious diseases, in giving a list to his teacher. The teacher corrected him, saying that nervous prostration was not contagious, but the boy replied that he heard his mother say Mrs. Jones had nervous prostration and she gave it to every one with whom she came in contact. Christian Science takes charge of such a very large part of the uncomfortable element in the community that we are almost willing to excuse its most dangerous defect, that of neglecting to call proper authorities in cases of illness which are readily amenable to medical treatment. Christian Science has not deprived the regular medical profession of much of its clientele, but it has been hard upon the Homeopathists, a large part of whose practice with the idle class of wealthy people who wish to have a great deal of medical attention without being obliged to take things which taste badly. There are a great many people who enjoy being comfortably ill, and who enjoy the sympathy of friends and relatives—and of the parson—and who at the same time dislike very much to take pills of a color which does not harmonize with that of their hair ribbons.

The event of Mrs. Eddy's death gives the outside world a chance to take the stock and value of a cult, a movement, or religion that in 30 years has claimed over a million adherents. Three pages of the Literary Digest of December 17 are given to the editorial comments of the secular press, including such dailies as the Springfield Republican, New York Tribune, the Sun, the Times, the Evening Post, the Chicago Tribune and Inter-Ocean. No one of these papers is bitter or sarcastic. The New York Times says: We are aware that large numbers of well-meaning, reasonably well-educated, and generally law-abiding persons are members of the cult of Christian Science, and we have no desire to do injury to their susceptibilities when we declare, with the knowledge that the majority of their fellow citizens will heartily agree with us, that the triumph of this woman and the cult she founded in defiance of common sense, not to speak of practical science, was an anachronism in an age of enlightenment. Yet, because of that prodigious success, and the great following she received from at least one Government (that of France), everybody must be aware of a certain feeling akin to awe at the announcement of her death in her ninetieth year. For forty-four years she had exerted her influence far and wide, for thirty-four years she had been á power to be reckoned with. Another Mohammed has been translated to the state of sainthood.

Christian Science will survive Mrs. Eddy's death. There is more in it than ignorance and self-delusion, though it must be admitted that they seem to the outside world its prepondering elements. These are failings we can not deny to our fellow men, and they carry their own punishment. But they must not be permitted to endanger the common welfare of the society.

The Springfield Republican has a long editorial. The paper declares that Mrs. Eddy stumbled upon the truth, in her own painful experience, that the influence of mind over the body is really profound and far-reaching, and that 'mental healing' may go far toward restoring many invalids and sufferers to health and usefulness. She applied this principle of thefapeutics in an exceedingly extrava-

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gant manner, and thus worked much harm, but the credit can not be denied her of having forced its valuable qualities upon the world. The extravagances of Mrs. Eddy's faith being eliminated, and the principle being developed, as it should be, by educated and capable specialists, one has a solid residuum that is simply incalculable in its power for good.

Mrs. Eddy has been called "clever" in her methods of propaganda and organization. She was far more than clever; she was a genius. Her debt to Quinby was much greater than she in later years would acknowledge; but conceding, as we do, that she gained the germinal idea of mental suggestion as a therapeutic agent from him, it was still Mrs. Eddy who had the force, the tenacity, the faith even of a prophet to organize the movement and to crown it with that consummate stroke of genius—the presentation of it to the world as a religion.

"To the outsider," says the Chicago Inter Ocean, "the Christian Scientist tends to seem a person who dwells in a world somewhat apart and aloof from ordinary human sympathies." It analyzes further:

"He may be kind enough, but it seems a different sort of kindness. He may be felt to be trustworthy, but he is unsympathetic with human frailties and errors.

"Christian Science is apparently devoted to self-cultivation. Its mission is to the materially prosperous. Its hope is of relief from pain—physical or mental pain. It does not seem to minister to sick souls except through sick minds or diseased bodies. Though its members may be personally benevolent, as an organization it seems not concerned with benevolence. To many it seems merely a highly refined materialism, which is neither 'Christian' nor 'scientific.'

"On the other hand, it unquestionably conduces to the personal peace and happiness of its members, and leads them to live decent and sober lives. It has undoubtedly helped many to break the hold of evil and irrational habits. In so far it is an influence for good citizenship and social peace. To the credit of its leaders, they steadily repress the enthusiasm of some adherents which leads to cruelty by rejecting medical or surgical aid in all cases."

Such is the drift of editorial comment all over the country—kindly in general but wondering. For our own part, Christian Science has never frightened us. It is a stage, a movement in the progress of the great Christian tradition—the mightiest, the most helpful, the most kindly and serviceable, the most pragmatic and usable tradition that has ever affected the human race. And yet Christianity is after all a tradition only, and is also founded on a human Jewish personality. Its virtue and vitality is that it is only part and parcel of the old eternal tradition of the human heart out of which all traditions have sprung; the accentuation of a Creation implying a Creator, a notion of God and immortality. It is other-worldliness rather than worldliness, and yet great minds have got on in life without belief in its cardinal features of God and immortality. Such an one was George Eliot of our own times, and there are millions of others. And they are the most liberal of men; seeking and finding the agreements, the identities among all the religious of men.

"I am glad," said Emerson, "to hear each sect complain that they do not now hold the opinions they are charged with. I am glad to believe society contains a class of humble souls who enjoy the luxury of a religion that does not degrade; who think it the highest worship to expect of heaven the most and the best; who do not wonder that there was a Christ but that there were not a thousand; who have conceived an infinite hope for mankind; who believe that the history of Jesus is the history of every man written large." Even Mrs. Eddy may have been a Disciple—thousands regard her as one of the Prophets.

MR. CLEVELAND'S FRIENDS.

He was fortunate in his friendships and was loved also for the enemies he had made.

One of the finest things said regarding

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Grover Cleveland's struggle against the overwhelming odds of the time, both within his own party and outside of it, was James Russell Lowell's lines written in 1890:

Let who has felt compute the strain
Of struggle with abuses strong;
The doubtful course, the helpless pain
Of seeing best intents go wrong.
We who look on with critic eyes,
Exempt from action's crucial test,
Humane ourselves, at least are wise
In honoring one who did his best.

A new tribute to the President's memory now appears in Richard Watson Gilder's posthumous volume called: "Grover Cleveland: A Record of Friendship." Mr. Gilder emphasizes Cleveland's "singular union of quiet self-confidence with unpretentiousness and even self-depreciation," and gives many personal reminiscences of the man. At one time when Mr. Gilder repeated to the President a criticism from Carl Schurz, Mr. Cleveland expressed some bitterness, but afterward wrote the poet this note:

> I hope it is not necessary for me to assure you how much I am comforted by your constant and disinterested friendship, and how much I am encouraged or, at least, saved from utter discouragement, by any approval I am able to win from you or men like you.
>
> I know, too, there is a God, but I do not know His purposes, nor when their results will appear. I know the clouds will roll away, but I do not know who before that time will be drowned in their floods.

His character is also shown in the following note in answer to a suggestion that he write his autobiography:

> There is a circle of friends like you who, I hope, will believe in me. I am happy in the conviction that they will continue in the faith whether an autobiography is written or not. I want my wife and children to love me now, and hereafter to frankly honor my memory. They will have my autobiography written in their hearts where every day they may turn the pages and read it. In these things what else is there that is worth while to a man nearly sixty-eight years old?

During his life Mr. Cleveland was frequently spoken of as "lucky." "The Cleveland luck" was a common expression. Aside from his own character, which was his best fortune, it is now seen that Mr. Cleveland was particularly fortunate in his friends. They have made him an immortal.

The above extracts from the Minneapolis Journal, may invite our readers to Mr. Gilder's new volume pulished since the author's death. Mr. Cleveland was a good fighter and a good lover, and the world loves such.

THE SPIRIT OF DEMOCRACY—PROF. EDWARD HOWARD GRIGGS' VIEWS.

Prof. Griggs is an Indiana man. His parents reside in Indianapolis. He was for a time, Professor of Philosophy in Stanford University, but is now a public lecturer and an author. November 21st he spoke in the Young Women's Christian Association on the "New Social Ideas" in part, as follows:

The great proportion of our people, he asserted, cared merely for material aid in life, and philanthropy regarded its duty ended when this aid had been given. He said that we speak of Athens as a democracy, yet it was there that a little clique of free citizens rose on the backs of a multitude of slaves, and that even of those called free the women were considered the property of their husbands.

He advanced the idea that the first expression of the ideal is not in education, in politics, nor even in religion, but is in the field of fine arts. In the art of literature, he said, if we go back to the masterpieces of the Greeks we find that they were written for the little clique at the top; and later that even Dante, the most Christian of poets, boasts there is no character in the Divine Comedy not

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eminent in life or history; that even Shakespeare, when he considers the common people, treats them as burlesque figures. It is our literature of today that talks of the lowly, and our painters and sculptors that are taking the life of the poor for a theme, while ancient art gave no interpretation of common life.

The lecturer showed how the leaven of the new democracy is working in the various European countries. In England, while the people are sober and slow-moving, they are insistently demanding more and more part in the government, making it more and more clear to "the family party," as the few at the top have been called, that democracy must have its rights. He then spoke of the advance of democracy in France in the face of the influence of a century of militarism, and in Germany, where an emperor was seeking to impose on the country the autocratic system of the middle ages.

In Russia, he said, where until a short time ago the condition of the people was regarded as hopeless, there were indications that that country might yet lead all the rest of the world in her working out of the problem of democracy. The new leaven is evident in the thought of young Spain also, he said. And wherever it is, it promises regeneration in the institutional and social life of mankind.

"One may know a great deal about history," said Mr. Griggs, "and yet be misled as to present questions. Slavery was justified by quotations from the Bible and by appeals to all the history of the past. But a man came from the wilderness of the west who said that slavery was wrong and that it must go; and although it has not yet gone, the work of Lincoln had much to do with the destruction of one of its worst forms. We have learned that suffrage is but one of the methods to obtain a better democracy, and it is not always effective. The problem of today is not political or industrial but social, and it is further complicated by the fact that the material equipment of civilization is so elaborate and extensive. It is possible to have a too refined line of equipment even in our universities.

The chambered natuilus can only live in one room while it carries several on its back.

The ramifications of commerce are wide. The wages of the factory girl in Indiana are connected with what is happening in Manchuria. The trusts and combines, which, in reality, are machinery for the cheapening of goods, may turn into a Frankenstein monster. * * * The line of social cleavage is more marked today in our democracy than in the old days of feudal class distinctions. In our fine churches no man with tattered coat or unwashed face would feel at home. Our best common school buildings with the largest grounds are not in the poorest districts, but in the best part of town, where they are least needed. Organized charity loses the personal touch of life on life. You sign your check and neither the one who receives it nor you who give it get the benefit of the spirit of the gift."

THE OATH OF HIPPOCRATES.

[Printed by request of Dr. G. V. Woolen, of Indianapolis.]

Although every physician has read the Oath of Hippocrates it is of so great an historical and archæological value that we are sure our readers will be interested in a translation of a Latin version made by John Young, Keeper of the Hunterian Museum, Glasgow.

"I swear by Apollo, the physician, and Aesculapius and Hygeia and Panacea, and I call to witness all the gods and goddesses, that I will, to the best of my power and judgment, keep this oath and this written declaration in its integrity. I shall hold him, who has taught me this art, as a parent. I shall devote my life to him, and shall supply him with all of which he has need. I shall regard his sons as my brothers, and, if they wish to be taught, shall teach them this art without fee or indenture. I shall make sharers in the teaching by precepts, and listeners to the oral instruction, and participators of the other modes of instruction, both the sons of my own teacher and those who have bound themselves by indenture and dedicated themselves by the medical oath; but none others. Fur-

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ther, so far as concerns the healing of patients, I shall prescribe to them, as my powers and judgment direct, suitable diet, and shall forbid what is detrimental and injurious. No entreaties shall induce me to give anyone noxious drugs, nor shall I take part in any such counsels. Likewise I shall exhibit to no woman any pessary which shall destroy her fruit at an early or late stage of pregnancy. I shall conduct my life and practice my art in holiness. Nor shall I cut even those who entreat me, but shall leave them to those who practice such surgical operations. Whatever house I enter, I shall do so for the good of the sick, and shall abstain from every hurt or injury, as well as from sensuality with man or woman, bond or free, whose body I have to cure. Whatever I shall hear or see, even when not called in for medical attendance, whatever I shall come to know in the ordinary intercourse of life, which it would be improper to repeat, I shall keep silence regarding it. I shall hold it secret. May I, keeping this oath in its entirety, enjoy my life and art in happiness, and have credit among all men for all time. May the opposite befall me if I break it."

Although the authenticity of this Oath has been doubted in high quarters, its bearing on the conduct of all honorable physicians from time immemorial has been of so great a value that, authentic or not, the oath stands for much as a summary of the very highest principles—a medical guide, so to speak, without equal.

Here is no lip-service in the cause of the art of medical practice such as we moderns are called upon to applaud on many occasions—impelled thereto by the indiscriminations of the uncritical who cannot differentiate between dross and the rich residuum of noble thought—but a message whose every word, on account of a remarkable intuition and an illimitable sincerity, must carry home to us, almost daily, the only interpretation of the temper and manner of the physician whose medical life is a dedication to an idealism wrought from a manifold experience. Lessons pertaining to conduct, when scattered throughout many books, lose their value for the reason, that effectiveness suffers and intent is sadly weakened by the deplorable process of attenuation resulting from their passage through the crucibles of modern commentators. But when the whole philosophy of a system to elevate a calling is contained in a few lines, and each line is informed with a thought that could be expanded into a many-paged essay, the succinctness of the whole, by virtue of the quality whereby a thing can be easily and readily memorized, must count for much in shaping the forces from within and without—the intellectual striving after idealism and the weakening of a gross materialism. And that this mooted Oath of Hippocrates is not without worth and value, the indignation and resentment which today characterize medical thought when outraged by despicable performances of vainglory and cupidity, attest.

The above from the Interstate Medical Journal presents the general feeling of the profession as to this first great creed of our physicians.

The Oath of Hippocrates is printed at the request of Dr. G. V. Woolen, of Indianapolis, surgeon soldier of the Civil War, captured by his own cousin who was in the confederation service and exchanged from Libby Prison. Afterwards he was first superintendent of the Indianapolis City Hospital from 1865 to 1870. He was the first to devote himself to the specialty of the nose and throat in Indianapolis. He was an eminent obstetrician, and a great advocate of chloroform in labor. He is now living and practicing—a continual service of 50 years in medicine and a faithful adherent of the oath as it was administered to him on the day of his graduation.

A. W. B.

RADIUM AND ITS DISCOVERER, MME. CURIE.

The Radium Institute of London recently purchased a gram of radium from the Austrian government, the price paid being £15,000, or about $5,000 a grain.

The above item was handed to me by

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a friend and it will perhaps enlighten many of our readers concerning the enormous cost of radium. It is an indication of its value even though its scarcity may regulate the price. We should not forget that a woman, Mme. Curie, was the discoverer of it. Perhaps we say and think too little about her and yet in France, tradition is too strong to permit her to become a member of one of the scientific organizations.

The five academies which make up the Institute of France met in joint session Jan. 5th to discuss the question of the eligibility of women for membership, which has been raised as the result of the strongly supported candidacy of Mme. Curie, the discoverer of radium, for the Academie de Sciences.

After an animated debate a resolution was adopted by 88 to 52 that the election of women was contrary to immutable tradition, which would be wisest to respect.

At the same time the assembly recognized it had no right to impose its decision upon the different academies as separate units.

S. E. E.

EHRLICH'S 606 IN SYPHILIS—CONSIDERATION OF UNCURED CASES.

"Be bold! be bold! be ever bold!" said the Delphic oracle to an inquirer, and then added, "Be not *too* bold."

This caution of the oracle may well be kept in mind by those enthusiasts who are promising their luetic patients without regard to the kind, the degree, or the extent in time of their syphilis that "after the holidays" there will be a new remedy on the market at a moderate price, and that one dose of it poured into their veins with half a pint of salt solution, or injected in the gluteal muscles after dissolving the remedy in half an ounce of alkaline solution, or mixed with albolene or olive oil and injected into the muscles as is done with the salicylate of mercury—those, we say, who are stating that any one of these simple procedures will at once cure their syphilis just as it does in syphilitic rabbits in the laboratory, and as it has apparently done in hundreds of thousands of cases of human syphilis in the year just closing, and that the procedure is safe and painless and does not require special care and method—and that the patient does not even need to go to bed at home or be under observation in a hospital, and be frequently examined after treatment—that it is worth while to try it even if there is doubt as to whether the disease is syphilis or not, as the medicine can do no harm in any case—those, we repeat, who are inculcating such beliefs in the minds of the laity, are not only "bold" but have become "*too bold.*"

The remedy is the greatest ever discovered for any one of the great diseases. The "captains of the men of death," to use Bunyan's phrase applied to consumption, are but few. They are malaria, tuberculosis, pneumonia, typhoid fever and syphilis.

Tropical malaria has prevented colonization of the tropics. It is in many ways the analogue of syphilis. Quinine controls it, but it does not cure as the organism becomes immune. But without quinine the disease can not be even controlled.

Tuberculosis is the most prevalent of diseases, as it is the most deadly, but happily, it is the most curable. Over 60 per cent of Anglo-Saxon peoples have tuberculosis and ten per cent die from its effects. No disease responds better to treatment—most cases get well under the ordinary conditions of life. For tuberculosis we have no specific.

Typhoid is a preventable disease. It tends to recovery. Eighty-five per cent of cases get well under no treatment. The highest science; the best conditions possible have reduced the mortality to seven per cent of those affected, and it may be possible to still further reduce the remaining seven per cent. There is no specific, but three vaccinations of dead typhoid bacilli ten days apart will give immunity for three years.

Pneumonia is the most widespread and fatal of the acute diseases. In the United States it is the cause of 100 deaths out of a thousand. Its cause is known; there is no specific; it has few complications or

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sequelae. We know nothing of the pneumococcus outside the body—how it lives or how it enters. It is autoinfectious. Probably most people harbor the organism in the mouth and throat and it spreads to the lungs under lowered resistance.

Last of the "Captains of the Men of Death" is syphilis. We now know its cause; the bright light of the carbon lamp and the oblique illumination of the field show the living spirochete in an astounding percentage of cases and notably in the earlier stages. The stained organism is also diagnostic. By these means the diagnosis is assured, but there has never been any great difficulty in the diagnosis of the early stages by the clinical symptoms, and of the later stages, both as affecting the arteries and the nervous system by the therapeutic tests of mercury and the iodide of potash. And to these old reliable and world-wide known clinical symptoms we have in recent years the aid of the Wassermann sero-diagnosis.

Few are the cases properly treated by mercury that have not promptly responded and by two or three years of an intensive, massive and persistent treatment gone on to a perfect cure—so perfect that they have procreated healthy progeny, have shown no symptoms through a long time after life, and at no time have been the victims of arteritis and its consequent parasyphilides. So we may say that in the intelligent use of mercury we have had the most perfect specific drug treatment known for any one of the five great diseases, and only comparable in its results to the use of quinine for malaria.

So the great benefits of Ehrlich's arsenical treatment will if it meets all that is believed of it and claimed for it, stand at the head of the list of drug specifics. Its greatest merit will be that it cures at once and so all patients will be willing to use it. Half the patients we treat in private practice with mercury do not stay with us the necessary two or three years. Most of the dispensary patients in the cities stop treatment as soon as their early symptoms are suppressed. But with 606 we may hope to stop the spread of syphilis by at once curing the new cases—some 250,000 each year, and so ultimately control it. In the meantime we must do the best we can with the weapons at our disposal—mercury and the iodides, and so keep the number of infective cases at the lowest possible figure. The old remedies are not likely to be suddenly displaced and in any case the new arsenic cure does not interfere with the use of mercury at the same time. But all reports of cases treated by 606 seem to indicate that it will be the main treatment of the future for syphilis.

A. W. B.

HIGH DEATH RATE DUE TO DARKNESS AND CROWDING.

Frederick L. Hoffman, statistician of the Prudential Life Insurance Company, gave some interesting data recently to the Health Committee of the Congestion of Population Commission on the effect of congestion on the death rate of a community. He stated that the death rate is always large in overcrowded districts, and that this will continue until conditions in them are improved sufficiently to enable the maintenance of a "decent family standard." He said that the death rate in New York never was so great as in the 40s, when many poor families lived in cellars.

Mr. Hoffman quoted statistics on the recent measles epidemic in Glasgow, which showed that the mortality in one-room apartments was 125 out of every 1,000, while in four-room apartments it was only 11. He added:

"Mortality is always much greater among families living in rear apartments than those living in front apartments. I am convinced that the growth of tuberculosis in New York City has a direct relation to the overcrowding of the inhabitants. Sunshine has been proved to be the greatest enemy tuberculosis has. I think that the city would be justified in prohibiting the use of interior rooms not reached by sunlight as living apartments. They are totally unfit for bed-

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rooms, but they might be used for storing, etc."

Mr. Hoffman said that the mortality among negroes in the city averages from 75 to 100 per cent higher than among whites, in proportion to the population. and that there is an amazingly large death rate every year among the Irish.

Conditions in New York tenement districts are bad because of congestion. It is to be remembered that crowding is a sign of poverty and these people have not enough food and clothing. But in many farm homes in Indiana and also in our towns, similar conditions prevail. Dr. Hurty has accomplished a great work in the homes and schools of Indiana by his constant insistence on more space, more light and more fresh air.

AN OLD LETTER FROM DR. H. W. WILEY.

Washington, D. C., August 4, 1897.

Dear Dr. Brayton—I got a lot of pleasure and merriment out of the copy of the Indiana Medical Journal which you gave me when I called at your office the last time. You were kind enough, two or three years ago, to re-publish some of my verses of a chemical nature, and perhaps you may find that "The Modern Maid and the Bio-Chemist" is sufficiently medical to interest your readers. I would not deceive you in this matter. This rhyme has already been published once in one of our college papers, but I do not think has ever broken into the medical profession.

I would be willing to pay my subscription for the Journal rather than miss your editorials. With best regards to all in the Ohio-street row,

The poem is as follows:

A bio-chemist loved a maid
  In pure actinic ways;
This is a picture of his heart
  Made by the cathode rays:

The waves emergent from her eyes
  Set symphonies afloat;
These undulations simply struck
  His fundamental note.

No longer could he hide his love,
  Nor cultures could he make,
And so he screwed his courage up
  And thus to her he spake:

"Oh maid of undulations sweet,
  Inoculate my veins,
And fill my thirsty arteries up
  With amorous ptomaines.

"In vain to try to break this thrall,
  In vain my reason fights,
My inner self tempestuous teems
  With microcosmic mites.

"I cannot offer you a crown
  Of gold; I cannot tell
Of terrapin or wine for us,
  But rations balanced well.

"A little fat just now and then,
  Some carbo-hydates sweet,
And gluten in the baker's bread
  Are what we'll have to eat.

"The days will pass in rapture by,
  With antitoxine frills,
And on our guinea-pigs we'll try
  The cures for all our ills.

"O! maiden fair, wilt thou be mine?
  Come, give me but one kiss,
And dwell forever blessed with me
  In symbiotic bliss."

This maiden modest, up to date,
  Eschewed domestic strife;
In mocking accents she replied;
  "Wat t'ell—not on your life!"

Inasmuch as Dr. Wiley, the chemist, has at last captured the "modern maid" the Journal reprints the poem he favored our readers with several years ago and also the letter accompanying it.

Dr. Harvey is an alumnus of the old Indiana Medical College and taught chemistry in the college. The late Dr. G. B. Harvey attended both Dr. Wiley and the writer through 3-month seiges of typhoid fever.

A. W. B.

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HEALTH IN THE TROPICS.

Colonel Gorgas in various papers has emphasized the good health of the topics and the success of the sanitary board in doing away with the infectious diseases. Commenting on this optimism the Association Journal remarks that the direct effect of tropical conditions on the human organism cannot, however, be viewed with as much satisfaction as is entertained by Colonel Gorgas if we accept the opinion of an editorial writer in the June Bulletin of the Manila Medical Society. This writer presents a rather depressing view of the effect on health of prolonged and permanent residence in tropical countries. He pictures vividly the steady decline in energy and efficiency in those from temperate climates who take up their residence in the Philippines. He remarks gloomily that if one "is so constituted that he can accept this lowered energy efficiency as a conservation process and regulate his life accordingly he usually gets along fairly well for a number of years and finally reaches a condition of genera sluggishness of mind and body which is characteristic of the majority of those whose lives are spent in tropic climates."

Upon one thing most who have lived in the Philippines or on the Isthmus for several years agree, and that is the impossibility of rearing children safely in the tropical regions. Such has been the experience of the English in India and it is notably true of the American Isthmian population. Malaria may be prevented on the Isthmus, but once acquired it can not be destroyed by quinine and arsenic.

The consensus of English tropical physicians is that the best cure is two or three years residence in a cold region, such as Northern Europe or British America.

Not for centuries can we expect Anglo-Saxons to live in the tropics and establish families through several generations as in middle Europe and the United States. And the dark skinned races do better than the blonds.

DISCUSSION OF A PAPER AT LONG RANGE.

Two years ago, Dr. W. L. Bryan, President of Indiana University, said to the writer that some of the larger educational institutions had adopted certain departmental methods which in reality carried out the "Correspondence Schools idea" and that there was evidence of success. Its application to an article in this issue of The Journal shows that Dr. W. W. Vinnedge, of Lafayette, thinks it has other avenues of usefulness. He sent a carbon copy of his paper nn "Remote Effects of Foreign Bodies in the Tissues of the Human Body," to several prominent medical gentlemen with the request that each one send him a short discussion of the subject under consideration, consequently the replies came to us in the form of original matter to which our readers are first served.

The writers are Dr. Benjamin Merrill Ricketts, Cincinnati, Ohio; Dr. W. E. Smith, Manistee, Mich.; Dr. H. B. Gilbert, Louisville, Ky.; Dr. W. T. Mefford, Chicago, Ill.; and Dr. R. B. Wetherill, Lafayette, Ind.

The method of Dr. Vinnedge is rather an innovation and much may be said in its favor.

S. E. E.

ABE MARTIN'S CREATOR GETS ENTHUSIASTIC LETTER FROM WILLIAM ALLEN WHITE.

William Allen White, literary man, political philosopher and author of "What's the Matter With Kansas?" has forwarded to Kin Hubbard an enthusiastic appreciation of the latter's "Abe Martin's Almanack." The letter, written on stationery of White's famous Emporia Gazette, is as follows:

"My Dear Hubbard—I went to New York a few days after your 'Almanack' came, but I want to tell you that I haven't read anything in years that I enjoyed as much as that 'Almanack.' I can't find any price mark on it to indicate what it sells for. It ought to sell for at least $1.25 net. It is worth a great deal more. You have real humor. I don't know of any one writing that has more spontaneous fun than you.

"I enclose herewith $3. Give me that much worth of your 'Almanack.' I want to use it for a Christmas present.

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"Again let me thank you for remembering me, and believe me very truly and sincerely yours,

W. A. WHITE."

Four of these "Almanacks" have been published. Much of the material has appeared in the Indianapolis News.

The News has three leading features related to literature. First is the Abe Martin picture on the last page, 313 times a year with two entirely disconnected thoughts, statements or aphorisms written beneath which have no connection whatever with the picture except that each contains the portrait of the Brown County philosopher, Abe Martin.

Second is the "Case and Comment Sermon" or discussion of some ethical subject by Mr. Louis Howland of Indianapolis. These are of the highest order and conceal beneath the charms of a beautiful but simple style, the powerful leaven of moral education and sound philosophy. They are educative rather than erudite, but they are always amiable and associated with polite letters and elevated sentiments of nobility and righteousness.

Third is the Saturday letter of Mrs. Strauss, of Rockville, Ind., well known as the "Country Contributor." Mrs. Strauss has insight. She is a lover of nature and what is more important, of human nature. Some of her essays might well be slipped into the essays of Charles Lamb, and others would find congenial company between the pages of Thoreau's "Walden Pond," or the "Week on the Concord River." Rarely is she trite or petulant, almost always sympathetic and helpful.

"Abe Martin" would be an offset to Prof. James in psychology—both are humorous and pragmatic.

The "Country Contributor" has no parallel among American Newspaper writers.

She is the simplest, the directest and the most unpropped-up woman writer in the country.

"Case and Comment" has continued for over five years and has constantly improved.

No other American newspaper writer shows in his writings so strong a grip on the great Book which is at once the aliment of the soul and the book of the heart. In style, he suggests Matthew Arnold, and in both, we find the Greek. Always religious but never sectarian, Case and Comment leads back to the old Hebraic simplicity of doctrine—of justice, of righteousness and of humility.

The newspapers of the present day are without personality; they are corporations for the collection and dissemination of the news. Their function is to hold the mirror up to human nature. They buy and sell their editorial writers as remorselessly as the head of a base ball syndicate. Their writers are the "properties" of corporations. They are decent and moral and helpful and self-sacrificing or more or less otherwise, as it pays or does not pay, and here they do not differ from other business syndicates. But on the whole, virtue pays better than immorality, and newspapers therefore, strive to be the molders of good public opinion, rather than of evil or vicious. They are the reporters of the times, but like private and personal reporters they will be judged and will stand or fall by the stories they tell, by the reputation they make and sustain for truth and helpfulness.

A. W. B.

THE PHYSICIAN'S READING.

A physician neglects the daily newspapers to his detriment. Events of importance crowd each day, and to be ignorant of them is to be non-existent. Physicians especially ought to be conversant with the news in order to intelligently discuss the things which affect each being to a greater or lesser degree. And yet, the wee small voice of protest that comes from no one knows where suggests that much time is wasted in reading the daily newspapers. The trivial and the important are perused with equal care, no discrimination is exercised as to what is really worth while. Especially in the morning, when the mind is most impressionable, do these matters crowd into the consciousness; and when, perchance, some serious reading is attempted later in the day fatigue prevents their creating a last-

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ing impression. One ought to have the news sense, and select for perusal only the important items. Minor mention of trivialities, prognostications on politics, padded accounts of the latest social function, lengthy descriptions of sensational events—pray, of what use are these to store away in one's mental laboratory? A judicious discrimination is really imperative in these days of blanket sheets. A cursory knowledge of the news is all that is necessary, permitting one to indulge in scientific study and research with more leisure and fresher interest. With the new year we ought to resolve to discard the unnecessary, which consumes just as much time as the really important. Let us read good books and helpful medical journals.

To the above from some lost source, may be added this as to the "New Literature," the leading thought in an address on the above topic given before Mount Holyoke College girls at founders' day exercises, by Bliss Perry, editor of the Atlantic Monthly:

"The new literature isn't yet representative of the best thinking and feeling of the country. The magazines are more immediately representative, no doubt, than books, but they are less truly representative than the newspapers. The daily press gives a more adequate and, upon the whole, a more reassuring indication of the trend of contemporary affairs than do the magazines.

Imagination is playing all around us like heat lightning—imagination in business, imagination in science, and in social reconstruction. But with a few rare exceptions, like Mark Twain, literature has not attracted men broadminded enough to understand the full spirit of American democracy."

DR. OSLER'S MAN'S REDEMPTION OF MAN.

"The Autobiography of a Neurasthenic, in the December American, makes good reading for the physician, for it shows how the laity sometimes regard the profession. The Door of Understanding by Octavia Roberts, contains a Dr. Herrick, who "radiates cheerfulness," a commendable practice in a family physician; he also hastily computes for an anxious mother that if her baby continues to gain in weight as he has during his first three weeks, he will weigh over 7,000 pounds by the time he is twenty-one years old. Man's Redemption of Man is an essay by Professor William Osler, in which he states that, of all the triumphs of science, that of the medical profession over pain is the greatest. He cites the statement that no animal in a wild state suffers a natural death. We are inclined to call a mode of death that is absolutely without exception a natural one. Professor Osler restates our extraordinary indebtedness to the Greeks, something that those bent on abolishing Greek from our schools ought to be constantly reminded of. In the Interpreter's House, supposed to be the opinions of Mr. Dooley, without the brogue, is always an interesting and thought compelling department."

The New York Medical Journal has a page of medical literary notes each week of which the above indicates the quality.

The writer has read the "Autobiography," and can commend Drs. Jewett V. Reed and R. H. Ritter for urging their medical classes to read it. The article by Dr. Osler is in his happy cheerful way. The laity read these articles and the physicians would do well to keep up with the procession.

MAN'S DAYS.

Neither Greek nor Latin, nor even ancient Hebrew, has written a more poignant summary of the allotted three-score-and-ten than is contained in the little poem "Man's Days."

A sudden wakin', a sudden weepin';
A li'l suckin', a li'l sleepin';
A cheel's full joys an' a cheel's full sorrows,
Wi' a power o' faith in gert to-morrows.

Young blood red hot an' the love of a maid;
Wan glorious hour as'll never fade;
Some shadows, some sunshine, some triumphs, some tears;
An' a gatherin' weight o' the flyin' years.

Then auld man's talk o' the days behind 'e;
Your darter's youngest darter to mind 'e;
A li'l dreamin' a li'l dyin',
A li'l lew corner o' airth to lie in.

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It is to be hoped that Mr. Phillpotts will write more of this sort. There is already much poetry in the world; but there will always be too little that is simple, human, and direct in its appeal.

The above is from Eden Phillpott's "Wild Fruit," (John Lane, New York, $1.50).

Tht author is best known by his novels, but is now accused of carrying forward the torch dropped by Swinburne and Meredith, even if with a diminished flame.

The lines recall Shakespeare's "Seven Ages of Man" in the Winter's Tale. But Shakespeare drew the child of London as he passed the stages of Elizabethian society, while this of "Man's Days" is primal and universal, and in Devon dialect sums up this great business of life, of learning how to be, to do, to do without and to depart.

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606 IN INDIANAPOLIS.

"All can have the flowers now,
Since all can get the seed."
—Old Song.

The first installment of 606 was received by the Francis Pharmacy Company and by the time this note is read there will probably have been many doses given in Indianapolis. The price is $3.50 a tube and each tube contains the maximum dose of six-tenths of a gram.

Of the five doses received for use in the City Hospital from the Rockefeller Institute three have been given. The tubes were sent to Dr. F. B. Wynn by Df. Flexner and the cases treated were selected from the clinics for skin and syphilis held by the present writer at the hospital. All are doing well. In each case Dr. Wynn insisted that the blood be sent to the Rockefeller Institute for Medical Research for the Wassermann test, and each was declared positive. Dr. Simonds and Dr. Thrasher of the Indiana State Health Board Laboratory also made blood tests for further evidence.

Dr. B. Erdman by the Giemsa stain, and Dr. Fred Charlton by dark-ground illumination, also verified the specific organism. And in each case the clinical symptoms were so apparent as to be recognized by any intelligent physician.

The first case was a woman of 18 years of age, over four months pregnant, and syphilitic for the same period. The interest here centers not only on the future absence of spirochetes, the quick healing of the condyloma of the vulva, and the presence of a negative Wassermann in the mother, but also upon whether or not she bears a healthy infant.

The second case was a woman of 28 years with vulvar lesions and a frank papular syphilide covering the entire body and very abundant on the palms and soles. One glance of medical senior intelligence was sufficient to diagnose this case, which resembled closely the most papular stage of variola. There was no itching and the woman, except by her vision, would not have known there was an eruption on her skin and on her hairy scalp.

General adenitis and a vulvar sore healing were also in evidence. A well marked "secondary" case.

The third case was of unusual interest. An adult male infected in March of 1910, and with a sudden paraplegia in late July involving both legs and the anal and vesical sphincters. He received an injection of four-tenths of a gram during the holidays.

A fourth case selected was an adult male with gumma of the neck and discharging sinuses; also "late secondaries." He had been treated indifferently by various physicians in different cities throughout the year. There developed, possibly from pressure or involvement of the thyroid, a tachycardia of 180 beats per minute. This man left the hospital while awaiting the Wassermann reaction, but will probably return and take the treatment. The tachycardial attacks were subsequent to the infection. There was no tremor or exophthalmos.

The 5th dose is held in reserve for a well marked tubercular syphilide; a pronounced tertiary case. A girl of 13 years at the writer's college clinic, with interstitial keratitis, scaphoid scapulae, high blood pressure and periosteal thickenings of the tibial region of both legs would also be an excellent test case for the new

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treatment and the 5th dose from Dr. Flexner.

Dr. Wynn has given the injections in neutral solution, the powder in each case having been dissolved in water and neutralized with sodium hydroxide by Mr. J. R. Francis of the Francis Pharmacy who now has the remedy on sale.

So much for what has been done in the City Hospital by the staff. There was much interest in these first injections; many students and physicians being present. The cases will have no other treatment. They will be followed to the end by Dr. Wynn and the writer, and the Journal readers apprised of the results, and Dr. Wynn will report the details to Dr. Flexner and so add to the 20,000 cases stated to have already been reported to Dr. Ehrlich as to the results of his "world-shaking discovery."

Theoretically these cases are cured, just as rabbits are cured—that is, all the spirochetes in their several bodies have been destroyed and no one of them can ever infect another person. The young woman is to bear a healthy child; the older woman is not to ever have another symptom of the disease and will be in no danger of infecting her little daughter or her husband if she should at once marry.

The paraplegic is to gain the use of his legs unless nervous paths in his cord are destroyed. Such is the bright outlook for these patients.

But if the babe is born syphilitic; if the mother develops new lesions and endangers her little girl, and if the man remains a paraplegic our readers will be informed, and the patients will have another dose and may also be treated with mercury as the two methods may be used together.

The greatest gain by the one-day, one-injection, Ehrlich-Hata, method to the public is that these patients are no longer infective to others. What happens to the cases themselves is only personal and local. Nature looks out for the race; she takes little notice of the individual units, or as Tennyson says,

> So careful of the type she seems,
> So careless of the single life.

The 275,000 cases who contracted syphilis in the United States in 1910, and may give it to as many more in this year 1911 of our Lord, and of civilization, of syphilization and of alcoholization, should be at once put out of commission by the use of Ehrlich's treatment. Half of these victims are women and children, and a large per cent of them acquired syphilis innocently. Not in thousands of such cases can we say with Kipling,

> For the sins that ye did
> By two and two,
> Ye must pay for one by one,

but whether innocently or negligently infected, the community must be at once protected and national immunity also be secured.

"Why wait a year to secure the happiness of mankind?" said Bishop Wilberforce; "Why not call parliament together, pass proper laws, and secure the happiness of mankind at once?"

And yet we saw nothing of this great need in Governor Marshall's message to the Indiana Legislature—the legislature which was so prompt in securing cutting the sperm tubes of some 300 convicts in the State Reformatory at three dollars per to the "consulting physician" (what a profanation of a noble profession) and, yet, permitting them to spread venereal diseases just the same and without the deterrant of possible progeny! Marriage is the greatest prophylaxis against venereal infection but is interdicted unless on oath or examination as to the absence of infective diseases by the solons of our assembly.

Why not make every applicant for a license swear he has had a dose of 606; that his tuberculosis (half of the people of the state have either an arrested, a cured or active tuberculosis we are told by the greatest savants) is not in a condition as far as he knows to infect his progeny, and that he has been vaccinated against typhoid fever?

The state militia should join with the health officers and the constabulary and gather all the luetics of the state together and by Washington's next birthday, Feb. 22, and before the Legislature ad-

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journs see to it that every infective syphilitic in Indiana (over 1 in every 200 of our population) receives a dose of 606 at the expense of the State, and is cured.

The same should be accomplished for the entire Union. This may sound like a pipe dream to the "2½-years-mecury-treatment-before-you-get-married system, but it is all theoretically practicable and within the scope of the great curative and prophylactic treatment discovered by Prof. Ehrlich.

We fear we shall not live to see this dream come true—Governor Hanly is not on deck, and no special session for wet or dry weather, or for State sanitation is likely to be called. Moreover, this notable discovery was made by the Germans, and not even by the Gentiles. But it stands and will stand among the wonders of the twentieth century, and be a greater boon to the nations than the discovery of quinine which alleviates malaria, but does not destroy it. To the names of Pasteur, Koch, and Metchnikoff must now be added those of Schaudinn and Ehrlich.

A. W. B.

A POLITICIAN IN TROUBLE.

He was a professional politician, and knew more about "grafting" than Luther Burbank himself. As he was walking from the City Hall to the bank, an automobile struck him amidships. He was rushed to the nearest hospital, and three surgeons stopped playing pinochle and tried to locate the liver, which had been driven up under his right lung.

"Compound fracture of one rib, and we'll have to probe for the splinters," said the Head Dissector.

"All right, as long as it isn't a grand jury probe," groaned the sufferer.

A half-hour later the politician came out of the ether.

"Where am I?" he asked dazedly.

"In the City Relief Hospital, Ward 9," answered the nurse pleasantly.

"Gimme my clothes!" he screamed. "The Ninth Ward is Republican."

—Lippincott's.

IN ARKANSAS.

The physician had taken his patient's pulse and temperature, and proceeded to ask the usual questions.

"It—er—seems," said he, regarding the unfortunate with scientific interest, "that the attacks of fever and the chills appear on alternate days. Do you think—is it your opinion—that they have, so to speak, decreased in violence, if I may use that word?"

The patient smiled feebly. "Doc," said he, "on fever days my head's so hot I can't think, and on ague days I shake so I can't hold an opinion."

—Lippincott's.

An Irishman at a fair got poked in the eye with a stick and took proceedings against the offender.

Said the magistrate: "Come, now, you don't really believe he meant to put your eye out?"

"Faith, you're right, this time," said Pat, "for I believe he tried to put it farther in."

—Tit-Bits.

ON SCHEDULE TIME.

A young member of a certain family had the measles, and the family was quarantined. One of the little girls spoke from an open window to a neighbor inquiring into the state of her health.

"No,'m" she said; "I haven't got 'em yet but I expect to have 'em day after tomorrow."

—Lippincott's.

"Now, in order to subtract," the teacher explained, "things have always to be of the same denomination. For instance, we couldn't take 3 apples from 4 pears, nor 6 horses from 9 hogs."

"Teacher," shouted a small boy, "can't you take 4 quarts of milk from 3 cows?"

—Jewish Ledger.

HIS PUNISHMENT.

"What makes you so late?"

"I had words with the teacher."

"Indeed?"

"Yes; I couldn't spell them."

—Lippincott's

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators.

PROTECTIVE INOCULATION AGAINST TYPHOID FEVER.

In view of the limited number of thoroughly scientific reports upon which to base an opinion of the value of this procedure and of its drawbacks, the Carpenter lecture, by Major F. F. Russell, of the Army Medical Corps, delivered at the New York Academy of Medicine on October 20th, should be heartily welcomed.

Cancer research and the great struggle against tuberculosis disease have for several years commanded world-wide attention among physicians and laymen alike. It has remained for the military physicians of three nations—Germany, Great Britain, and the United States—to discover and develop a method of combating the worst scourge of war. Even in time of peace typhoid fever is never absent from the ranks, but in war it demands a toll of life far greater than do powder and shot. In the American civil war over 80,000 men died of this disease in the Northern army alone. The troops in the Boer war and Spanish-American conflict were similarly devastated. Eighty-six per cent of all the deaths in the British South African army were due to typhoid. The mobilization of troops at once raises the morbidity from typhoid full tenfold. Nearly one-third of all the men in the field sooner or later become infected. Even under the most ideal conditions of modern camp sanitation this morbidity has been but little reduced. The work necessary to the achievement of victory usually does not permit of the maintenance of these ideal conditions; hence a method of prophylaxis which shall be equally effective under varying conditions is the ideal to be sought for.

Major Russell traced prophylactic inoculation with killed cultures of bacteria down from the original work of Pasteur. He showed that to Sir A. E. Wright, of London, and to R. Pfeiffer belonged the credit of the first inoculation of men against typhoid. In 1896 each inoculated two men, and, although the cases were so few, the scientific study of the results was so careful and complete as to leave but little doubt of the value of the method. Wright then obtained permission to use the vaccine on the British troops in India and South Africa. He found that the incidence of typhoid in the inoculated men was reduced to half that in the others, and the mortality to rather less than half. Much adverse criticism then arose and the procedure was abandoned. Commissions appointed to investigate the whole subject, however, reported so favorably upon every point that the work was resumed in the army under Leishman. Here in the United States Major Russell has been prominent in the work. At the present time large numbers of men in the armies of Great Britain, the United States, and Germany, have been inoculated. The minutely detailed and accurate observations made on these men afford a body of facts well nigh conclusive.

The details presented by Major Russell are far too many to be reported here, but some idea of the results may be given. All the men used in the observations were subjected to precisely similar conditions whether inoculated or not. In our army, among 10,000 inoculated men, there developed only fifty-six cases of typhoid, with five deaths, while 272 cases arose, with forty-six deaths, among 8,000 non-inoculated. Nearly all the cases in the inoculated men occurred in those who had had but one injection, and all five deaths were among them. Similar results in the reduction of both morbidity and mortality are seen in the reports from the German and British armies.

These remarkable results are not suffi-

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cient to assure the popularity of the procedure, however, if it is associated with much physical distress. Here again in its favor we find that both local and constitutional reactions are very slight in the vast majority of cases. Particularly is this true of women and children in whom there is often no reaction at all. The reaction begins in from four to six hours after the injection and is usually over in twelve hours more. The symptoms vary from slight headache and malaise, with a little redness and swelling at the site of injection, in the mild case to a severe headache, chills, fever up to 103° F., nausea, vomiting, diarrhea, pains in the extremities, and herpes facialis, with a local reaction which may amount to redness, tenderness, and swelling of the whole arm and axillary lymph glands, in the most severe cases. The severe reactions occur in less than one half of one per cent. of cases and soon pass off, leaving no permanent ill effects. A previous attack of typhoid fever seems to cause an aggravated reaction in many cases. Alcohol taken during the time of treatment has a similar effect. No reaction follows the second and third injections as a rule.

The directions for the use of the injections are given by Major Russell as follows:

1. The injection is to be given at 4 p. m.; then the reaction begins at bedtime and is over by morning.
2. Alcohol is to be abstained from on the day of injection.
3. The injection is to be given into the subcutaneous tissue over the insertion of the deltoid.
4. The skin may be prepared as desired—he uses iodine.
5. The first dose is 500,000,000 organisms, or 0.5 c.c. The second and third are twice as large.
6. An interval of ten days is to elapse between doses.

The results of the inoculation are uniform in character, but vary in degree. There is a rise of agglutinins in the blood, appearing in six or seven days and usually reaching an index of 1 in 6,000. They have been known to rise as high as 1 in 20,000 in a number of cases. This increase in agglutinins persists from six months to a year or more, disappearing very gradually. There is an increase in the opsonins which begins a few days later—the seventh to eighth—does not rise so high, and falls somewhat more rapidly. After each injection there is a leucocytosis of about 15,000 which disappears in about ten days.

Major Russell was able to give a satisfactory explanation of the failure of some of the earlier preparations to act on the ground that they were chemically changed by too great heat. He now keeps them heated to 53° C. for an hour, to destroy the bacilli, and gets uniform results. He also conclusively refuted Wright's early idea of a "negative phase," and showed that at no time after an inoculation was the resistance to typhoid infection reduced below normal. On the contrary, in the least responsive cases there is always an immediate increase in the resistance.

From an analysis of the results obtained in the armies of Germany, Great Britain, and the United States we find that inoculation against typhoid fever undoubtedly diminishes the susceptibility to the disease; that it decreases the mortality in those who do become infected; that it protects regardless of hygienic surroundings; that it is easily carried out and is only rarely associated with unpleasant symptoms; that there is no evidence in experience for the belief that it even temporarily increases the susceptibility to the disease; and, lastly, that no untoward results have as yet been seen. If under these most severe tests this procedure has produced such uniformly good results, why have we not in it a practicable and effective means of combating typhoid fever in war and in peace? Why should we not look hopefully for the time when its use may be as general as that of vaccination against variola now is?—New York Med. Jour.

PELLAGRA AND THE SAND FLY.

Evidence tending to show that pellagra belongs to the class of insect-borne diseases seems to be accumulating.

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The latest authoritative contribution on the cause and transmission of pellagra comes from Sambon, who is already well known through, in addition to other achievements, his researches into the transmission of yellow fever.

As we have never been convinced as to the correctness of the corn-meal theory of the production of the disease, it is doubly gratifying to us to learn that Sambon nowhere found evidence that corn was a causative agent. He made investigations in several Italian provinces in which the disease had been endemic for many years, and presents strong testimony bearing out his view that pellagra is a protozoan infection, although no parasite was discovered, and that this infection is transmitted by the sand-fly.

The following facts were proved by Sambon to his own satisfaction, and, we are sure, to the enlightenment of many:

First, pellagra does not occur in the towns, but in certain rural districts, where a sand-fly is to be found; second, the endemic centers of the disease have remained the same since the disease was discovered in Italy; third, the appearance of the sand-fly and the recurrence of pellagra are coincident, when spring is early and the sand-fly appears early pellagra cases appear early, and *vice versa;* fourth, where pellagra prevails, whole families are often attacked at the same time; fifth, the arrival of infected persons from a pellagrous district does not cause the spread of the disease in a non-pellagrous district; sixth, while the children, in a given family, born during their residence in a pellagrous district will be pellagrous, those born after the removal of the family to a non-pellagrous region will not be infected; seventh, the disease is not hereditary; eighth, pellagra is not contagious, but is transmitted to the individual by the bite of an infected sand-fly.

All of this will be very gratifying to those who are fond of their grits, hominy and corn-meal cakes, and have been uneasy ever since pellagra has been rediscovered and found to be somewhat prevalent in some sections of the country.

It should lead to further investigation, and especially as to the presence of the sand-fly, where and when cases of the disease are found.

A corroboration of the fact brought out by Sambon should lead to protective measures against the bite of the sand-fly and, if possible, to destructive measures against the sand-flies themselves.
—New Orleans Medical Journal.

THE TREATMENT OF OTHER ELECTRIC SHOCKS THAN THAT OF LIGHTNING.

By E. H. Skinner, M. D., Kansas City, Mo.
[Prize Essay from the New York Medical Journal of Oct. 29, 1910.]

Electric shocks, other than lightning, occur from accidental contact with electrical currents of high voltage. These currents consist of the usual lighting circuit of 104 volts alternating and 110 or 220 volt direct; traction line circuits of from 550 to 660 volts direct; the distance transmission circuits of from 1,500 to 20,000 volt alternating current. The shocks from the smaller currents are rarely serious. The shock from the traction currents may be serious if contact is prolonged beyond from thirty to sixty seconds. The high voltage shocks are usually profound if the contact is more than monetary, otherwise resuscitation may be accomplished.

TREATMENT

General considerations: First and foremost, turn off the current. Where this is impossible it becomes imminent to release the patient by taking away either the patient or the wire. The patient may be removed by any one protected by rubber boots, rubber gloves, standing on big dry planks, pulling upon patient's clothing, if dry; protecting the rescuer by heavy wrappings of dry clothing. The wire may be removed by long dry sticks, a cane, rubber hose, rubber handled pliers, looping a dry sheet around a wire; a dead tree or log may be thrown at the wire to change its position. Remember that water conducts electricity, therefore all means of rescue should be dry or insulated.

Localized shock. Localized shock should be treated by placing the patient in su-

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pine position, with feet and hips elevated, hot water bags applied to extremities and heart, mustard plasters to abdomen and chest; alcoholic stimulants and strychnine are permissible. The semi-paralytic condition of the extremities will improve gradually without treatment, but massage, baths, alternating hot and cold douche, and a gentle faradic current will assist nature.

General profound shock. Artificial respiration should be employed, for hours if necessary. Restoration of breathing has occurred four hours after profound electrical shock. Warmth by hot water bottles, blankets, hot packs, mustard plasters, and rectal enemata should be immediately and constantly employed. An ice bag, or cold cloths should be applied to the nape of neck. Venesection is indicated in well nourished individuals, to relieve circulatory pressure. Dilatation of rectum is commendable. The use of a strong faradic or interrupted galvanic current with the positive pole at the neck and negative over the heart or at the eleventh dorsal veretbra is suggested. High frequency currents applied over the heart and neck can be of assistance. But the one thing to remember is the artificial respiration, with tongue traction, for a seemingly unwarranted length of time. Alcoholic stimulants and strychnine may be applied, but with not much effect. Their continued use is not to be countenanced beyond the physiological dose, even when there is no apparent systemic effect.

The local electric burns should demand no unusual treatment, but they respond sluggishly. Iodoform and bichloride of mercury are said to be contraindicated. There are usually extensive sloughs. Hot saline wet dressings are best. After the slough has separated use dry gauze. Skin grafting often becomes necessary; plastic grafts will be found superior to the Thiersch method.

Dr. William J. Dugan of Philadelphia, writes: Death from electricity is caused (1) by paralysis of the heart, due to fibrillation of the heart muscle; (2) inhibition of respiration, due to action on the respiratory centre in the medulla; and 3, anemia of the brain producing syncope. If the electric current is passed only through the brain and upper cord, we may revive the victim by means of artificial respiration. If, however, the heart is brought in circuit, artificial respiration will be of no avail. When the heart is in circuit the blood pressure is reduced immediately on the introduction of the current and will not be re-established when the current ceases to flow. In this case artificial respiration will cause respiratory movements to reassert themselves, thus proving that the respiratory centre is intact; but these movements will continue for only a short time, when the respiratory centre will refuse to act because of the anemia produced by the stoppage of circulation. When we find a person who has been shocked by electricity, we do not know whether the heart has been in circuit or not, so it behooves us to give the victim the benefit of any doubt and continue artificial respiration for at least two hours.

The approximate strength of current carried by wires in the following is: Incandescent lighting systems, 110 to 220 volts; for mechanical work, 110 to 500 volts; trolley roads, 500 to 800 volts. (This includes the third-rail road.) Telegraph and telephone systems use a weak current—4 to 30 volts—but we must remember that these wires may at any moment fall upon or touch heavily charged wires and thus cause great injury to any one using the instrument.

Electric shock may cause anything in nervous diseases from a mild shock to the nervous system, producing a hysteria of mild form, to blindness, insanity, and even death. The treatment will depend entirely upon the degree of shock sustained.

TREATMENT.

The victim, if still in contact with a live wire, should be freed by shutting off the current; by breaking the wire by means of a piece of dry wood; by pulling the wire away by the aid of a dry rope; by cutting the wire by means of pliers having insulated handles; or by lifting the victim's body from the ground, after we have covered our hands with rubber

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gloves or with dry clothing. We should grasp the victim by the covered portions of his body. The patient, having been freed from the current, should be placed with the head higher than the rest of the body, so that artificial respiration will not force the contents of the stomach into the trachea. Massage over the region of the heart and the faradic current, with one electrode over the heart and the other on the neck, help greatly in reviving the patient. Of course, this is to be done by one person while another is performing artificial respiration. Adrenalin may be used to raise blood pressure. Venesection, the application of the Leduc current with a strength of fourteen volts, and also lumbar puncture are recommended. High frequency currents from a glass vacuum electrode are very useful. Galvanism is useless.

Burns, arborescent tracings, fractures, or other physical injury should receive appropriate treatment.

Artificial respiration should be continued for at least two hours. Many patients apparently dead for hours after an electric shock have been revived by long continued treatment. Our motto should be: "Persistence and perseverance."

TISSUE GROWTH OUTSIDE THE BODY.

The brothers Loeb have done much work in artificial growing of embryos and of cancer tissues in rats and mice. The Rockefeller Institute is taking up the work on the normal tissues.

The New York Medical Journal, commenting editorially on the published reports of the growth of normal tissue outside the body, says:

"The viability of the cells of the body independently of the life of the organism of which they are a part has, of course, long been recognized, and the fact of the separate existence of myriads of living units, working together in that marvelous co-operative community, the body, constitute one of the most mysterious phases of the eternal riddle of life itself. Familiar evidences of this fact are found in observations of the amœboid movements of the leucocytes after the blood is removed from the body for examination, in the continued physiological action of excised organs under suitable conditions, such as the rhythmic contractions of the heart when perfused with Ringer's solution, etc.

"It has remained, however, for Alexis Carrel and Montrose T. Burrows, of the Rockefeller Institute for Medical Research to accomplish the astonishing feat of cultivating adult tissues and fragments of organs in suitable media, so that their growth could not only be watched by means of the microscope, but could even be detected by the naked eye.

"Carrel and Burrows's work was suggested by the successful experiment of Harrison of cultivating the embryonic nerve tissue of the frog, and the later cultivation by Burrows of embryonal tissue of warm-blooded animals. The medium used consisted of plasmatic fluid taken from the same animal from which the tissue was derived, and the preparations were sealed in hollow glass slides and kept in an incubator at a uniform temperature.

"Tissues successfully cultivated were the arterial sheath, connective tissue, peritoneal endothelium bone, epidermis, thyroid, spleen, kidney, etc., of the adult dog, cat, and frog. There was a distinct tendency toward a reproduction of the tissues inoculated, as for instance, in the case of the kidney, in which new tubules were formed and pushed out into the surrounding medium. Furthermore, in several instances a subculture was successfully grown, the developing tissue being transplanted from one preparation to another. The authors state that apparently normal cells may be cultivated with no more difficulty than many microbes.

"The enormous value of this discovery in the field of pathological physiology is obvious. For instance, as Carrell and Burrows suggest, micro-organisms can be cultivated in conjunction with living tissue cells, and their interactions studied, and the method will without doubt contribute much to our study of new growths. They have already succeeded in inoculating plasmatic fluid with sarcoma of the fowl. It seems not unreason-

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able to prophesy that this discovery will mark an epoch in the history of biological investigation."

THE BOOKKEEPING OF HUMANITY.*

J. N. Hurty, Phar.D., M. D.
Secretary Indiana State Board of Health.
Indianapolis.

The accurate collection, tabulation and analysis of records of births, still-births, deaths, marriages, divorces, and sickness may be said to constitute the bookkeeping of humanity. The bookkeeping of dollars is very important, but of far greater importance is the bookkeeping of those events in the lives of human beings which are fundamental to an understanding of the movements of mankind, and which are also fundamental to the practical application of hygiene, to secure higher efficiency, longer duration of life and fuller measure of happiness.

Without vital statistics, a nation cannot know its vital latitude and longitude, its national time of day on the great ocean of time. Through vital statistics a nation is able to know its temperature and pulse, and follow and understand other vital functions. Or, again, its vital potentialities are reflected and comprehensively expressed in such statistics.

To live a successful life, a man must notice the symptoms which forecast his demise, that he may take action to neutralize them or to prepare for his end; and so should a nation carefully collect and keep such checks and balances that tell of increase or decrease in numbers, and causes affecting the same, and which tell the status of social conditions, so that the question of living or dying may be rationally considered. We have this illustrated in the case of France, where lately vital statistics disclosed the fact that the death-rate exceeded the birth-rate, thus forecasting if the conditions continued, the demise of a great nation.

Human life in its beginning, its duration and ending, is the predominant consideration in all personal, social, state and national problems. The standing of a nation is finally to be measured by the standard of human lives.

No thoughtful person denies these facts. Yet, what a surprise it is, yes a shock, to remember that we ignore in great degree these important matters. We do not fail to keep records of all legal procedures, of all commercial transactions, no matter how insignificant; we will deny ourselves needed rest and sleep to record a little or a big real estate deal; we will keep careful minutes of a town meeting or of a social club; yet in many states a human being, made in the image of God and endowed with an immortal soul, can be born and can die without any public and frequently no private record of the fact. However, it is not so with animals and plants. For them, elaborate systems record their birth, entire career and death. Every pedigreed calf, colt, dog, rooster, ram, and even cat, has its birth and death recorded; yet children, our hostages to fortune are born, and fathers and mothers die without record. The National Government at the cost of millions annually maintains a Bureau of Animal Industry which looks after hog cholera, Texas fever and sheep rot, keeping accurate statistics; it also maintains at a cost of millions annually a Department of Agriculture, which collects crop statistics, beef, pork, poultry and mule statistics, but in not a single place in the whole country do we so accurately know the number of cases of diphtheria and the deaths from this cause among our babies. These conditions make one ask, "Is civilization a failure or has the Caucasian played out?"

Importance of Vital Statistics to the Individual.

Besides the general importance of vital statistics to a nation as a nation, they also have an importance of the greatest moment to the individual. For instance, by vital statistics must be determined the right to attend school, to enter certain occupations, to vote, to marry, to hold or to dispose of property, to employment by the state or country in military or civil service; responsibility for crime or misdemeanor; exemption from military or jury duty; qualifications or disqualifications for certain public offices; and privileges and immunities of a public nature; also private contracts in great

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variety, as in insurance and partnership. Indeed, there is hardly a relation from the cradle to the grave in which the evidence furnished by accurate vital statistics may not prove of the greatest individual and general, social or governmental value. The two great important events in the lives of men are birth and death; the alpha and omega, the beginning and the end. For a state not to make these events of accurate record for each individual is to neglect to keep abreast of practical civilization; yes, to be really civilized.

Sanitary Value of Vital Statistics.

The public and individual value of vital statistics has been briefly set forth, but after all, their sanitary value is of greater importance. The value of the practical application to every-day life of the ounce of prevention, will hardly be disputed; and surely the prevention of disease constitutes the very crown of scientific medicine. The connection between the accurate registration of the existence of infectious diseases, of all deaths and the causes of death, and the practical prevention of disease, seems to be apparent. Whatever throws light on the causes of sickness and death, or whatever hastens or retards marriages or increases or decreases the number of births, must be helpful, yes, vitally necessary; but to be so, must have numerical treatment.

Plainly, the capable health officer must have vital statistics at hand to be efficient in instituting such measures as are reasonable and necessary to prevent disease. The general must know the position, numbers, equipment and character of his enemy in order to carry on a successful battle. So for a successful fight the hygienist must have a like knowledge of his enemy.

Educational Value of Vital Statistics.

Then there is the educational value of vital statistics. Need this point be dwelt on? Is it required to show how the relative destructiveness of the various diseases, the death-rates and sickness-rates from them, would educate the people to the necessity of action? The fact that the number of deaths from tuberculosis leads all the rest, the fact that pneumonia is the next greatest cause of death, and other life facts, are surely of the highest educational value. To convince and lead to action the keepers of the public purse so that the state can do her part in disease-prevention, vital statistics are absolutely essential. Surely, sanitary administration will be defective where vital statistics are wanting, and it will be effiecient where they are accurate and complete. Low ideals of cleanliness and of health, accompanied by low ideals of morals, will exist to a greater degree where vital statistics are ignored than where they are accurately collected. Immediate records of births and deaths should be made, because experience teaches that an accurate record in all cases cannot or will not be secured unless reports are made forthwith and at once. The fact which should be given on birth and death certificates are now pretty well determined, and to the practitioner of medicine alone belongs the highly important duty, and also the privilege in cases of death, to render a correct statement of cause of death. The science of medicine, in the person of the medical attendant, is the only possible source of this knowledge which is fraught with such great importance to the family of the dead, to society at large and to medical science.

Reporting Infectious Diseases.

Every parent naturally wishes to protect his household against disease, just as he would protect against the rending of wolves or the sting of serpents. To have this protection, the aid of the physician is necessary, and gladly should the aid be given. When the infection of scarlet fever or other transmissible disease appears in a household, it is indeed wicked for any person possessing the information not to lend his most efficient help to prevent its extension. A physician negligent in reporting an infectious disease which comes under his care, or negligent in warning and instructing the family in regard to the preventing of transmission to others, is an enemy to society, an enemy to himself and an enemy to the profession of medicine. More, he is a dangerous member of society and

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should be hunted down and brought to book as would a poisoner of wells, the assassin, or the incendiary. In reporting an infectious disease, that proper measures for control may be instituted, the physician not only renders a service to society, for which society might well pay, but he also performs a Christian duty, he performs a service to scientific medicine and fulfills his Hippocratic oath.

If the patron asks a physician not to make public the fact that an infectious disease exists in his house that he may not be troubled with placard and quarantine, let the physician kindly and firmly, with proper exposition of the law and with gentle reminder of the Golden Rule, give his absolute refusal. Let not the representative of the noble and learned profession of medicine for one instant enter into even the shadow of an act which is contrary to the statutory law and which opposes that divine rule of action, "Do unto others as you would have them do unto you."

As to compensation for service in reporting infectious diseases: The public can well afford to give compensation but in case it does not, still the duty of reporting and the honor of fulfilling the duty remain with the physician. We often hear quoted the clause of the Constitution which says in effect that all services rendered to the state shall be paid for; but let us look into this proposition. If required to return many data the physician should certainly be paid therefor, but for the return of the simple fact of the existence and location of an infectious disease, he is not altogether entitled to pay nor should he ask it. The right of the government to require that the physician be licensed need not be argued; the license system is desired by the profession. But what is a license? As regards infectious diseases the license is clearly granted to deal with this class of cases on the tacit understanding, first, that he has the diagnostic ability to recognize these cases when he sees them; second, that he will promptly give the state the benefit of his special knowledge.

The special duty of reporting infectious diseases, is, therefore, imposed when a license to practice medicine is asked for and granted. It has been argued in courts that the payment of fees for reporting the presence of infection would be as contrary to a proper public policy as to give fees for reporting a fire or for reporting a theft clearly seen in operation.

Value of Vital Statistics to Medical Science.

Medical science, like all other sciences, must, for its development, have co-ordination of the facts, and numerical expression must be given. In the numerical relations of recoveries to deaths, in the numerical relations of the destructiveness of the various diseases, in the numerical relation of diseases and deaths compared with various age periods, in the numerical relations of sex, nationality, social condition and occupations and employments, scientific medicine finds much valuable material for her advancement. All of these relations and also other facts are supplied by vital statistics. Every true physician is in love with his profession; he would have it make all advancement possible and will always lend his aid and services to such an end.

It follows then, that for the science he has adopted for his life work, if not in the service of his patients and if not in the service of society, he will gladly and eagerly contribute his part to vital statistics.

Another incident. Farmer Hadley, of Indiana, dying, left his valuable farm in trust to his unthrifty son, to go to his granddaughter on her twenty-first birthday. The girl had been told the date of her birth and always celebrated as her birthday the annual recurrence of the same. However, when she believed she was twenty-one, and then claimed her inheritance, her father denied her age, saying she was only nineteen. The family Bible was appealed to, but the leaf with the family record was gone. No birth record had been rendered, and the attending physician was dead. The court was in a quandary. A Solomon was needed for judgment. At last a neighbor remembered that a valuable cow belonging to the grandfather had given birth to a

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calf on the day the girl was born and he could swear to it. Perhaps the grandfather had recorded the date of the birth of the calf. His farm books showed this to be the case. The date of the birth of the human being was established.

Summary—Conclusions.

The importance of vital statistics to the family, to the state, and to medicine, can hardly be overestimated. The physician, the representative of the science of medicine, is, except in instances, the only member of society who can supply information in regard to causes of deaths and the presence of infectious diseases. As it is of very great importance to the family that its births, deaths, and cases of infectious diseases be legally recorded, and as the family presumably pays for the physicians services, the physician, therefore, should not consider his services fully performed nor that he is entitled to his fee until the certificates which are of such great importance are duly made. And again, the physician should remember when reporting vital statistics, that he is giving obedience to the statutes of his state, on which he depends for protection; that he is protecting the helpless; that he is doing a general good, and that he is serving the science of medicine.

Abstract of Discussion by Dr. Prince A. Morrow, New York.

The subject is most important, but attention should be called to the fact that there is a large and important class of diseases which are infectious, and dangerous to the public health, but which are practically ignored in our system of vital statistics.

In few of our vital statistics is there mention made of deaths from gonococcus infection, or from syphilis. Now, we all know that these diseases figure very largely as causes of death, for instance, in England and Wales, during the year 1907, there were 1,840 deaths recorded from syphilis. Dr. Osler, in commenting on this statement, says that if we are to appreciate the importance of syphilis among the deadly maladies, we must include the deaths from softening of the brain; and other diseases of the nervous system. He estimates that at least 6,000 or 7,000 are annually slain every year in England and Wales by syphilis directly.

Now, this list of 6,000 or 7,000 deaths does not embrace the vast number of still-born children dead from syphilis. He says, in addition to this, if we include in this category the deaths from the coccus of Neisser we shall find that there should be debited to the venereal diseases many thousands of deaths annually—a ligation of the physician is to prevent the extension of the disease, and the infection of others, but in the case of syphilis the only duty of the physician, as he understands it, is to cover up and conceal the fact—to protect the secret of his patient. He does not seem to consider it a part of his duty to protect the other members of the household or the public from this very infectious disease. As Dr. Hurty intimated, we can never educate the public in this disease unless we tell the truth. The public has no conception of the enormous extent to which these diseases prevail.

The medical profession has not recognized its obligations to the public in this regard; and if a reform in vital statistics is to be instituted, I know of no one who is better qualified and who is more likely to inaugurate this innovation than the very able and courageous secretary of the Indiana State Board of Health. —Journal A. M. A.

INDIANA STATE MEDICAL ASSOCIATION.

MALARIA IN INDIANA.

(From the Association Journal.)

Dr. Ada E. Schweitzer, Indiana State Board of Health: There was a time when malaria was a veritable plague in Indiana. A short story of its ravages in the early days and of the ideas and practices of the pioneer physicians, demonstrates the remarkable efficiency of scientific preventive medicine, assisted, as in this case, by industrial and commercial interests. In addition to consulting the usual sources of historical facts, a letter was written to the physician longest in practice in each of the ninety-two counties in the state. Replies were re-

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ceived from only twenty-eight counties, but these were so distributed over the state that every section was represented. These twenty-eight replies do not by any means represent the total number of cases occurring in Indiana during the year. But they do furnish positive evidence that the disease has not been completely eradicated, as many physicians assert. The anopheles mosquito is to be found in almost every part of the state, and every patient, whether he imported the disease or acquired it here, is a source of infection. Hence, we have the two factors necessary to the spread of malaria. This paper is not written in the belief that malaria will ever again be prevalent in Indiana. But physicians should remember that malaria does exist in this state and not allow an incorrect, preconceived opinion as to its absence to influence their diagnoses in the occasional sporadic cases they are likely to encounter at any time during the summer or fall.

DISCUSSION

Dr. George D. Marshall, Kokomo: There is an idea that the anopheles mosquito is a rare one. I have been studying these mosquitoes for four years, and they are plentiful. I can go out and catch three or four of them any time I want to, around Kokomo. The people do not recognize the anopheles as a mosquito. I had a case recently of a boy who had spent three months in bed from malarial fever and was being treated for malarial fever at the time. I was called in consultation and gave him quinine in solution and the fever began to disappear, although it comes back once in a while. I was called to see the boy's grandmother, who was vomiting and had a temperature of 103 F. There were mosquitoes there. A year ago a young man died from what I diagnosed as malaria; there was a difference of opinion, and the man was treated for tuberculous meningitis. There is a large family living in the house where this patient lived, and nearly all are ill. I found a mosquito in a shed in the yard where the children played. That's where they got the malaria.

Bacteriology, Pathology and Diagnosis of Typhoid Fever.

Dr. W. Shimer, Indiana State Board of Health, read this paper, in which he formulated the following conclusions:

1. Typhoid bacilli are present in the blood of every patient ill with the disease. They appear in the blood with the fever and disappear with the return of the temperature to normal.

2. Typhoid fever is not a true bacteriemia, but is an overflow from the spleen lymph-glands and bone-marrow.

3. The clinical symptoms of the disease are due to the invasion of the blood by the bacilli, their destruction there, and liberation of their endotoxins. These endotoxins cause degeneration of the body cells and the consequent pathologic physiology.

4. Convalescence and tissue repair begin as soon as the bacilli disappear from the blood.

5. Long-continued or chronic typhoid seems to be due to the persistence of the bacilli in the blood because of the low grade of immunity. Chronic typhoid can sometimes be cured by injecting killed typhoid bacilli.

6. Blood cultures seem to be the method by which we can make the earliest and most certain diagnosis of typhoid fever, for several reasons, e. g., because the bacilli may be in the feces without the patient having the disease; the bacilli appear in the urine rather late in the clinical course of the disease; the destruction of the bacilli in the blood stimulates the production of the agglutinins and other antityphoid immune substances and must, therefore, appear in the blood before the Widal reaction is positive.

DISCUSSION

Dr. B. W. Rhamy, Fort Wayne: There is no doubt that blood culture is the best known method of diagnosticating typhoid in the early stage. It is therefore to be deplored that the method cannot be utilized except by those in close promimity to a laboratory. The clot-culture mentioned by Dr. Shimer seems to offer a practical method for those who are at some distance from a laboratory, and no doubt could often be used to good advan-

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tage. This clot-culture is made from the clot which forms in the glass capsules in general use for sending blood to a laboratory for the Widal test. It would be necessary for the physician only to draw a well-filled capsule of blood, seal the tips of the capsule in the flame and send to the laboratory, with instructions to make the clot-culture in case the Widal test was negative. There is some difference of opinion among investigators as to the amount of blood necessary for the culture test. Some men advocate small amounts, as from 0.5 to 1 c.c., while others, and perhaps the majority, advise the larger amounts of from 5 to 10 c.c. or more. The reliability of the blood culture, as well as of the Widal test, depends on the stage of the disease and the severity of the infection. Duffy in 1905 gave an excellent illustration in his series of cases. In eighty-eight patients, of whom fifty-six had a temperature above 102 F., he got positive blood cultures in all fifty-six, while in twenty-three with a temperature of from 100 to 101 F., he got positive blood cultures in only ten. This evidently depended on the severity of the blood invasion with its consequent liberation of endotoxins. The advantage of the blood culture over the Widal test is in the fact that the blood in the first week contains the greatest number of bacilli, while the Widal test does not show until these have stimulated the agglutinating power of the blood. Veil (Deutsch. med. Wochenschr., 1906) compares these two tests in his cases. In thirty-six cases, during the first week, blood cultures were positive in 78 per cent, while the Widal reaction was positive in only 50 per cent. Out of 110 cases during the second week, the blood cultures were positive in only 60 per cent. During the third and fourth weeks the blood-culture precentage steadily decreased, while the Widal percentage remained constant. From these figures I believe are a fair representation of the possibilities of the two methods, it seems to me that the blood culture and the Widal test should be used in conjunction in any given case, thereby obtaining a greater percentage of accurate findings, than by the use of one to the exclusion of the other.

Dr. B. V. Carter, Terre Haute: Away from the larger cities it is hard to get culture media. About two years ago in the pathologic society in Terre Haute we demonstrated a method of taking blood culture from a medium which can be obtained in any country village. It is entirely inexpensive and, according to the author of the article describing this method—whose name I have forgotten—it is quite as good as bouillon. He takes ox-gall from the freshly slaughtered beef; he dissects out the gall-gladder, tying the end of it with a ligature, then draws the gall into a test-tube and sterilizes it. By that method, I have demonstrated the typhoid bacteria in blood that came from the ear of a typhoid patient in two cases, and it was shown to be accurate. It seems to me that this method is absolutely reliable, and that it would be an excellent thing when a person cannot get a culture medium, because it is very easy to get ox-gall and entirely without expense.

In regard to infection of attendants in typhoid hospitals, a great change has occurred in the last twelve years. Twelve years ago I saw a demonstration of the infection of typhoid nurses. I was at that time steward in one of the army hospitals at Porto Rico. We had two small regiments and a battery of artillery —less than 2,500 men. In August and September, 1898, we had in our one hospital 268 patients, the majority of whom had typhoid. Of the twenty hospital corps men who nursed these people, fifteen took typhoid; three of the remaining five had had typhoid, and so were immune. We had no protection against flies, no screens, and our water-supply was very bad. But when you compare that with the conditions in hospitals today, the difference is as darkness from light.

Dr. F. B. Wynn, of Indianapolis: I think that many of us fail to realize that typhoid fever is not simply a disease of the intestines, but of various organs, notably the lymph-glands, bone-marrow and the spleen; in other words, the blood-making organs of the body. One of the impor-

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tant lessons taught by blood cultures is that the organisms may attack almost any part of the body. I have a case now in which the parotid is infected. Sometimes the tonsils are involved. Indeed, some assert that his is the point of first infection, but I still think that the intestine is probably the primary seat of infection, not the tonsils. The advantages of the blood cultures are: first, early diagnosis; second, the idea which they give of the general dissemination, the widespread potency of the disease; and third, it seems to me that these cultural studies will be of immense practical benefit to us in differential diagnosis. A case came under my observation in which during the first five days the patient was delirous, with ordinary clinical picture of typhoid minus the eruption on the abdomen. The blood cultures showed a growth that was so extreme that it was thought there must be some contamination of the medium. The blood was drawn again, and the second test showed that this man did not have typhoid at all, but was suffering from a streptococcus meningitis.

Dr. W. Shimer: This subject of typhoid seems old, and yet I think one of the biggest problems we have in America is that of control and eradication of typhoid fever. Robert Koch at his death was trying to solve this problem for Germany. Any culture medium in which typhoid bacilli will grow is good to use. The main thing is that it must be absolutely sterile. One can use ox-gall, broth, anything. The Epstein medium is of special value because it can be carried in a small tube in the pocket. If it is not taken to the laboratory for 12 to 24 hours, the bacilli will grow in the solution.

The difficulties of taking the blood have been magnified considerably. I have done it often within 5 minutes. Dr. Simonds and I at the State Bacteriologic Laboratory have often drawn from our own veins from 10 to 15 c.c. of blood, and never put any bandage on. It is the easiest thing in the world, especially in people who are somewhat spare. Put the needle into one of the large veins of the elbow, and when you get through just pull out your needle. It is as easy as a hypodermic injection. Accuracy is absolutely necessary, and lack of it means contamination. Often surgeons, who know so much about sepsis, will bring in fluid full of bacteria, and yet they think they have been extraordinarily observant of asepsis.

Many instances have been reported of discrepancies between positive and negative findings in blood cultures. A large number of cases are necessary for conclusions to be of value. Coleman and Buxton had pretty nearly 2,000 cases. The German army statistics, which show from 12 to 18 per cent mortality were the average of a large number of cases. One cannot draw conclusions from the experiences of a man in general practice or in a small hospital. There seems to be some misconception of the difference between serum and vaccine. A therapeutic serum is a serum from an animal that has been inoculated with a specific bacterium, and a vaccine is made from the dead bacteria; both are injected to produce immunity to the specific organism in question. They are, however, entirely different preparations.

Conservatism of Elective Cesarean Section.

Dr. O. G. Pfaff, Indianapolis: In obstetrics conservatism has ever been the dominating spirit. Parturition has been for ages venerated as one of Nature's processes, complete and perfect in itself, and until recently was surrounded by a sort of mystical halo which repelled all tendencies toward interference with the operations of its sacred laws. I wish here to refer to three cases very briefly. All patients were operated on at St. Vincent's Hospital. In one case, a woman with interstitial pregnancy was operated on at six months; the mother made a prompt recovery. In the second, at full term after more than twenty-four hours of violent labor with many attempts at forceps extraction, both mother and child were saved without any complication in recovery. The third patient was in labor all day and far into the night. The pelvis was deformed—less than three inches in the transverse diameter. The

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patient was taken to St. Vincent's Hospital. The membranes were intact and she had not been violently handled. The operation was done quickly and for several days everything looked well. On the fifth day there was rise in temperature and pulse-rate. The wound appeared to be in perfect condition. The symptoms increased and the next day the wound was again examined and found to have opened; the omentum presented at the upper angle. The catgut had evidently been absorbed early and the peritoneum and deep structures had retracted, allowing the omentum to become a wedge, which gradually forced its way to the surface. I resutured with catgut and reinforced the entire wound with silk-worm gut. However, the cavity had already suffered infection and the woman died. The death is probably chargeable to a surgical accident such as might occur in the simplest abdominal section, and bears no relation at all to the specific cause for which the woman was operated on. The child is alive and well. My conclusions are these: Elective Cesarean section is one of the safest of major operations, being favorably comparable with the interval operation in appendicitis, that is, it shows a mortality conservatively estimated at 3 per cent or less when performed by capable surgeons in well-equipped hospitals.

Dr. M. F. Porter, Fort Wayne: It has been years since I have consented, nor will I ever again consent, to doing a craniotomy on a living child, unless it is a monster or something of that sort. I do not think that I have any right to do it. I know that I can deliver a woman by Cesarean section and give her a better chance for life than I can by high-forceps application. I think that this line of surgery has been very much neglected. More than half of the mothers are delivered without the presence of a physician, and yet when a woman comes out of labor she comes out under conditions that make it necessary for her to undergo inherent risks far greater than she would undergo in any ordinary surgical operation.

In a large percentage of high-forceps deliveries the child is seriously injured; 50 per cent of these children so injured are injured permanently; 30 per cent subsequently become epileptics; 20 per cent of the children in the Indiana School for the Feeble-Minded are there because of a high-forceps operation. In the light of these facts we must stop in large measure these brutal so-called operations, for they are brutal. The maternal morbidity after this operation is as great as after Cesarean section done by an intelligent hand and under proper circumstances. So far as the morbidity of the child is concerned in such cases, no man can deliver a woman and give the child as good a chance by ordinary delivery as by Cesarean section. The risk to the child is infinitely less than by ordinary normal labor.

Dr. F. A. McGrew, La Porte: I want to place on record an unusually interesting and unique case of Cesarean section by accident. The patient was a young woman, healthy and vigorous, a farmer's wife. Within two weeks of confinement, while she was sitting in the kitchen, her brother, sitting about ten feet away, had a shotgun across his knees and was cleaning the barrel. The gun was discharged and the full force of the shot entered the woman's abdomen. The whole front of the abdominal wall and the front and upper part of the fundus of the uterus were torn away. The placenta was also torn loose, and the child protruded from the abdomen. The woman walked into another room to her bed, where she lay down and was covered up with the ordinary bed clothing. About an hour later an operation was undertaken on an ordinary kitchen table, and the house was none too clean. The woman's condition was much better than might have been expected. She was pale and somewhat anemic, but the pulse was fairly good and she was a woman of great nervous force. She stood the operation well. The child was extracted—dead, of course—the uterus was removed and the stump fastened against the lower end of the abdomen roof against the peritoneum, so that drainage could be instituted. Three or four days later the

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patient was removed to a hospital in order to have the benefit of a trained nurse and better attention. She recovered without incident. However, about six months later I was compelled to operate for intestinal disturbance, and on opening the abdomen I discovered that the cervix and peritoneum, where they had been fastened together, had drawn out into a band, which was the cause of severed the intestine was in good shape. The woman once more recovered without complication, and she is now in good health, and doing her own work.

Dr. Paul Martin, of Indianapolis: In expert hands the maternal mortality rate for Cesarean section is less than 2 per cent; the fetal mortality is *nil*, and if we undertake always to do an elective Cesarean section rather than that of emergency, I am sure this rate can be very much reduced. In general in contracted pelvis the fetal mortality rate is 20 per cent; from forceps it is from 35 to 60 per cent; by inducing labor, the rate is 30 per cent. There are certain other cases, simply a slight narrowing of the pelvis, or a rigid, hard cervix and unyielding soft parts, which may be directly responsible for incompetency for normal labor. This should be recognized and early conservative methods adopted. Cesarean section affords less risk to the child than the other methods or delivery and perhaps equal chance to the mother of a healthy life. I believe that today the morbidity of the mother and the fetal mortality in the results which we get, are due to the inefficient application of the forceps, and the dangers of the applications of forceps I do not think can be over-estimated.

Dr. G. W. H. Kemper, Muncie: Formery this operation was regarded as the *dernier ressort* of midwifery. In other words, after the unfortunate woman had been subjected to efforts at delivery with forceps and version, and reduced to exhaustion, and the fetus subjected to injuries, the abdomen was incised, and if death resulted to mother or child, or both, it was attributed to the Cesarean section. It was like the early beginning of antitoxin, which might be tried for diphtheria after all other remedies failed, and then incurred the blame for a death it did not cause, and declared to be inert or harmful when it had not been given a fair test. I have collected from various operators, fifty-three cases of Cesarean sections done in Indiana. The first case of which I can find a record was performed near Madison, Jan. 29, 1863, and the last, August 20, 1910. The following is an analysis of the fifty-three cases:

	Cases
Mother and child saved	27
Mother alone saved	11
Total number of mothers saved	38
Mother and child lost	7
Mother alone lost	8
Total number of mothers lost	15
Child saved with mother	27
Child alone saved	8
Total number of children saved	35
Child lost with mother	7
Child alone lost	11
Total number of children lost	18
Total number of mothers and children saved	73
Total number of mothers and children lost	33

(Editorial Note.—The writer of this note has always taken interest in the history of Cesarean section in Indiana. He has requested and published papers on their own cases by Drs. Martin, Noble, and Kolmer of Indianapolis; Drs. Schell of Terre Haute, Porter of Fort Wayne, Baker of Stockwell, and others have reported cases in this Journal. For nearly 100 years Indianapolis had no case to report; recently they are occasionally reported, but not often enough. Dr. Kemper is to be commended for his hunting up the history of these cases and making them of permanent record. A. W. B.)

IN CANADA.

Prosecuting Attorney—"Your honor, the sheriff's bull-pup has gone and chawed up the court Bible."

Judge—"Well, make the witness kiss the bull-pup then. We can't adjourn court just to hunt up a new Bible."

—Lippincott's.

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MEDICAL MISCELLANY.

DEATH OF MRS. EDDY.

Mrs. Mary Baker G. Eddy, discoverer and founder of the Christian Science Church died on Saturday last, at the age of eighty-nine years. Some of the dissenting Christian Scientists claim that she died many years ago and that the woman just passed over was an imposter, but that is probably an error, for the letters and poems recently given out are too like the previous writings of Mrs. Eddy to have been written by any one else.

DEATH OF DR. SHANKLIN.

Dr. Leslie B. Shanklin of Sullivan, Ind., a graduate of the Central College of Physicians and Surgeons of Indianapolis, a member of the American Medical Association and the Indiana State and Sullivan County Medical Societies, died in Pueblo, Col., of tuberculosis, on November 11, while on his way to El Paso, Tex., where he intended to settle on account of his health. Dr. Shanklin was 33 years of age.

DEATH OF CHRISTIAN ARCHIBALD HERTER, M. D., OF NEW YORK.

Dr. Herter died on Monday, December 5th, in the forty-sixth year of his age, of pneumonia. He was a graduate of the College of Physicians and Surgeons, of the class of 1885. At the time of his death he was a consulting physician to the City Hospital and one of the physicians to the hospital of the Rockefeller Institute. Dr. Herter devoted his life to research; in his own private laboratories and elsewhere he conducted important investigations of physiological and pathological problems, particularly of those connected with metabolism, and his published communications on such subjects are everywhere recognized as among the most substantial of contemporary contributions to our literature. He was highly esteemed as a man no less than as a research worker.

TESTIMONIAL DINNER TO DR. J. M. BODINE OF LOUISVILLE.

For forty-five years Dr. James Morrison Bodine, as dean and president of the faculty, has presided over the destinies of the University of Louisville Medical Department. Now entering his eightieth year he continues to devote his energies to the cause of medical education. His friends and pupils scattered throughout the country deemed this an appropriate occasion to show their appreciation of his devotion and their affection for him personally.

To this end it was decided to give him a testimonial dinner December 16, 1910, at the Seelbach Hotel in Louisville. The cost of each plate was ten dollars.

There was a large attendance. Those initiating the movement and leading in the toasts and speeches included Drs. Lewis S. McMurtry, J. M. Mathews, Ap Morgan Vance, J. M. Ray, Thos. L. Butler, and I. N. Bloom.

RECEPTION TO DR. HUGH CABOT, OF BOSTON.

Dr. W. N. Wishard, of Indianapolis, on the evening of Friday, January 6th, entertained a number of medical friends at the Columbia Club with Dr. Hugh Cabot of Boston, noted as a genito-urinary surgeon, as the guest of honor. Covers were laid for some forty Indianapolis physicians in the banquet hall at 7 p. m. After the supper the guests assembled in the reading room of the Club and listened to a paper by Dr. Cabot on the Diagnosis and Treatment of Tubercular Lesions of the Genito-Urinary Tract, especial attention being given to the means of early diagnosis and the relief by surgical procedures. Especial attention was given to the method of diagnosis by inoculation of guinea pigs with material from various parts extending from the kidney substance itself to the bladder walls—the essayist remarking in his discussion "that the guinea pig had often proved

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their friend, when their enemy, the microscope had led them astray."

Dr. Wishard succeeded the essayist with appropriate comments and queries as also did Drs. Rilus Eastman and Theodore Potter.

The guests included Drs. F. C. Heath, Edw. Clark, A. B. Graham, T. B. Noble, A. Maxwell, Dr. J. L. Freeland, of the City Hospital, R. H. Ritter, T. C. Kennedy, O. G. Pfaff, Theodore Potter, Dr. H. G. Hamer, H. O. Pantzer, C. R. Sowder, F. B. Wynn, J. A. MacDonald, S. E. Earp, John Oliver, O. N. Torian, A. W. Brayton, J. V. Reed, Carl B. McCulloch, A. C. Kimberlin, Bernhard Erdman, J. R. Eastman, Harvey A. Moore, John J. Kyle, W. P. Garshwiler and Dr. Alburger, of Bloomington.

The essayist spoke from a large surgical experience which includes his observations and work in the Massachusetts General Hospital in Boston. This hospital is noted for its wealth of material and the accuracy of its statistics covering nearly a century, and also as the home of ether anesthesia.

It may also be noticed in passing that the name of Cabot is one of the oldest in American history. John Cabot the eminent Italian navigator in the English service, searching for a northwestern passage to India, discovered in 1495 that part of North America since known as Newfoundland. His son, Sebastian Cabot, published a map of the world in 1544 and in 1557 visited Hudson Strait, ascending to the "Farthest North", then 67½ degrees north latitude, and also explored various South American lands and rivers. Other members of the family are well known in American medicine of the present time and are well known teachers and authors.

THE INDIANAPOLIS MEDICAL SOCIETY—ELECTION OF OFFICERS AND PRESIDENT'S ADDRESS.

The annual election of officers of the Indianapolis Medical Society the evening of Jan. 3, was marked by spirited contests between candidates for nearly every office. The meeting was attended by about 175 members of the society and with the exception of the office of vice president there were several candidates in the field. Mayor Shank came in as a "dark horse" in the balloting for secretary-treasurer, but received only two votes. When his name was read by the tellers it caused laughter in all parts of the hall.

The election results follow:

President—Dr. A. C. Kimberlin.

Vice President—Dr. Norman E. Jobes.

Secretary-Treasurer—Dr. R. H. Ritter.

Members of Judicial Council—Dr. William C. Clevenger and Dr. W. D. Hoskins.

Delegates to the State Medical Society—Drs. H. E. Gabe, Thomas B. Eastman and Francis B. Wynn.

Alternates—Drs. Charles A. Pfafflin, Thomas C. Kennedy and Mitchell O. Devaney.

At the meeting various reports for 1910 were read. That of the secretary-treasurer showed there are 266 active members of the society, the increase last year being twenty-seven. The finances are in excellent shape, the report read, there being $432.35 now on hand.

An amendment to the by-laws was unanimously passed raising the dues for resident members from $4 to $5 a year, and for members residing out of the city from $2 to $3 a year. This was done because the State Medical Society has raised its dues $1 a year for each member, and also because the local society wishes to get a fund for use in obtaining a permanent home.

After the election Dr. Kimberlin was presented with a gavel made of East Indian snakewood. The retiring president, Dr. S. E. Earp, made the presentation. Each president as he retires takes the gavel he has used as a souvenir.

The election occupied an hour. After a brief recess Dr. Earp read his retiring address, devoting himself to the consideration of the recent advances in therapeutics. The address is given in full in the present issue of the Journal.

The society has had an unusually successful year in increase of numbers, and character of its scientific work as may be seen in the report of the Secretary which is summarized in the present issue. Much of this is done to the capacity and faith-

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fulness of Dr. Earp who has been a student and teacher of medicine and practitioner many years in Indianapolis. Dr. Kimberlin is recognized as one of the leaders in present Indiana medicine. The writer of this note has been the friend and associate of the retiring and entering presidents throughout their careers as students and practitioners and can heartily congratulate both of them and the society that they were elected to the position of Presidents of the Society.

A. W. B.

REPORT OF R. H. RITTER, SECRETARY-TREASURER OF INDIANAPOLIS MEDICAL SOCIETY.

Dr. Ritter says that during 1910, the Society held 34 meetings, of which 7 have been devoted to case reports, and presentation of specimens. Twenty-one meetings have had programs made up of papers alone. There have been two meetings of a public nature, one of which was devoted to the care of the inebriate, and was attended and addressed by Judge Collins, of the City Court, and also by a number of men and women interested in social relief; the other meeting was a wholly public meeting, the Society joining with the City Board of Health in a meeting in Tomlinson Hall, addressed by Dr. Probst Secretary of the Ohio State Board of Health.

The total active membership, at the present time is 266 of which 235 are fully paid up to date, and 31 are legally suspended for delinquency in their 1910 dues. 27 new members have been admitted and the applications of 10 are now pending. We have lost by death 3, namely, Wm. Wands, P. H. Jameson and Ira E. Cox. 8 have been dropped for non-payment of dues. There is a net gain over 1909 of almost 15. In this connection the secretary would like to call attention to a few points in regard to membership. Two years ago a committee consisting of about fifteen members, called the membership committee, was appointed. Dr. Gabe was chairman of this committee. Under his energetic management, as complete a canvas of the county as was possible was made. In an effort to invite men into the Society, a large number of names were thus secured. Under the chairmanship of Dr. H. H. Wheeler, this past year, this work has been carried on and a considerable number of names has been given in by Dr. Wheeler. This means that the ground has been thoroughly covered, and the invitation has been extended to practically every eligible practitioner in Marion County. About two months ago a representative from the A. M. A. came to Indianapolis in the interests of the A. M. A., and according to his explicit orders reported immediately to the secretary of this Society. On request of the secretary, the president of the council called together a meeting, which was attended by the council, Dr. Love, the aforesaid representative, and the secretary. The list of practitioners in the county, was then gone over, and he was given a list of eligibles, among which he has been working since then. A considerable number of applications have been received, and a number of others have signified their intention of applying for membership. In fact every legitimate effort has been made to open wide the door of membership and activity in this Society to the profession of Marion County. There confronts us now a question which needs a little consideration. It is apparent to all that the wonderful progress and change in modern scientific medicine is producing extreme atrophy in sectarian medicine. The line between regular medicine, Electicism, Physio-medialism, and Homeopathy is elusive as the foot of the rainbow, in the practice of intelligent physicians of today. Many years ago, the American Medical Association, and this Medical Society, threw open its doors, and made it possible for any intelligent and honest practitioner to enter its doors. Several, whose affiliations had heretofore been with one of the so-called Schools of Medicine, have come in, and there has been no jar to either of them or the Society. There are now, in this city, a number of medical men, who have heretofore been identified with sectarian medicine. They are men whose integrity, whose honesty, and whose worth has never been questioned.

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We know positively that these men are practitioners now, of medicine concerned only with those agencies which help the patients. Many of these men would be glad to ally themselves with progressive medicines, and with this society, but are naturally somewhat timid and uncertain about applying. Without any suspicion of proselyting, and without any attempt at solicitation or argument, the secretary believes, if frank invitation was extended to these men that a number of them would come into the Society to the benefit of themselves and the Society in general. It may seem that this is wholly unnecessary, but it is a harmless proceeding to say the least, and I believe would do good.

Two years ago when Dr. Wynn retired from the presidency of the Society, he presented to his successor, Dr. Potter, a gavel suitably inscribed. He said at the time that he hoped to institute the custom of the retiring president taking with him a gavel as a memento of his position in the Society. This has seemed to meet with the approval of all and it has been followed since then. Dr. Wynn paid for the gavel he gave Dr. Potter, as did Dr. Potter for the gavel he gave Dr. Earp, and the latter has purchased one to present to the incoming president. It would seem much more significant for the Society itself to present this token to its retiring presiding officer. The Secretary would, therefore, suggest that if the Society bear the expense of these little mementoes it would add to their signficance. Upon motion of Dr. A. W. Brayton this became the act of the Society.

PROGRAM FOR THE MONTH.

Jan 3. Annual Reports. Annual Election of Officers. Address of Retiring President—Dr. S. E. Earp. Subject:—A Brief Resume of the Progress of Some Things Remedial during 1910.

Jan. 10. Exhaustion Psychoses. Presentation of a case of Acute Confusional Insanity (Amentia). Max A. Bahr. Leaders in discussion, C. F. Neu, J. A. MacDonald, E. C. Reyer, C. E. Cottingham.

Jan. 17. Diphtheria Antitoxin—Action and Dosage, E. B. Mumford. Leaders in discussion, C. S. Woods, H. K. Langdon, H. S. Thurston, J. R. Thrasher.

Jan. 24. Epidemic Poliomyelitis, W. D. Hoskins. Leaders in discussion, J. P. Simonds, J. W. Sluss, O. N. Torian, J. H. Taylor.

Jan. 31. Cesarean Section for Mechanical Obstruction (Ovarian Fibroma), Goethe Link. Leaders in Discussion, O. G. Pfaff, T. B. Noble, T. B. Eastman, Bernays Kennedy.

PAUL EHRLICH.

[From the New York Medical Journal.]

On account of the world-wide interest taken in "606," our readers will naturally be glad to know some facts concerning its discoverer, Professor Paul Ehrlich. He was born on March 14, 1854, at Strehlen, Prussian Silesia, and studied medicine at Breslau, Freiburg, Strassburg, and Leipsic, from which latter university he was graduated in 1878. He then became assistant at the university clinics in Berlin. In 1888 he was recognized as a Privatdozent, became, in 1890, assistant to Koch at the Institution for Infectious Diseases, and a year later, in 1891, was appointed assistant professor. In 1896 he became director of the Laboratory for Serum Examination connected with this institution. When, in 1899, the Institute for Experimental Therapeutics was opened at Frankfort on the Main, Ehrlich became its director. In 1908 he received the Nobel prize.

Ehrlich represents the results of modern German medical education. The ideas promulgated by a Virchow have produced a Koch, a von Behring, and an Ehrlich. But while Koch and von Behring have used the products of living or dead microorganisms to form a serum for inoculation, made artificially outside the body, that it may be used when injected as a weapon against the attacks of the bacteria or bacilli in the body, Ehrlich has produced a drug the composition of which he arrived at by logical experiments so that he might reach the same result. As a medical student in his second year (so he tells us in his latest book) he became interested in the question of the

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distribution of a given drug in the body. He has followed up this thought, and searched for a drug which would destroy only the attacking parasites, not the host and the parasite together, that is, to use his own words, "to find a remedy which would be *parasitotropic* without being *organotropic*". Such a preparation would have to combine with the attacking germ, that is, the cells constituting the preparation would have to swallow the germ and thus destroy it. He thus formulated his chain theory, which is beautifully described by Adami in the first volume of his "Principles of Pathology." Ehrlich's experiments were started with the study of drugs against trying panosomes, and he concluded that there must be special affinities in the cells for certain chemical groups, and these he called *chemoceptors*, and as he used arsenical preparations, he called them *arsenoceptors*. He thus became the founder of chemotherapeutics. While formerly the chemist prepared drugs to be experimented with by the clinician, the chemotherapeutist now formulates compounds which the chemist constructs. In this way Ehrlich followed up the arsenic compounds, and after many many trials, changes, and improvements, placed, carefully and well prepared dioxydiamidoarsenobenzol or "salvarsan,' to give it its trade name, before the profession. May his hopes be fulfilled and may suffering mankind be correspondingly relieved.

INDIANA A GOOD SECOND.

Indiana has been thought by many to be a pioneer in imposing health conditions in the issuance of marriage licenses and in regulating marriages to a certain extent through such restriction on licenses, but Dr. J. N. Hurty, secretary of the state board of health has found that the state was preceded in such movement by at least one year by the province of Tiflis, Russia. Professor J. Stepanoff, superintendent of education for the Caucasus district, with headquarters in Tiflis, in a letter of inquiry addressed to Dr. Hurty, sets out that in 1904 the Armenian synod issued orders to the ministers of the gospel affiliated with the synod prohibiting their marrying persons, either of whom was afflicted with incurable disease. Prof. Stepanoff is anxious, he said, to know how the Indiana law is working. He also asked concerning the methods of operation of the state board of health particularly as concerns its relations to the public schools.

CORONER'S REPORT CONCERNING SUICIDES.

The report of Coroner Blackwell shows that sixty persons have taken their lives as follows: Carbolic acid poisoning, 29; morphine poisoning, 4; bichloride of mercury, 3; drowning in bath tub, 1; asphyxiation, 1; strychnine, 1; gunshot wounds, 9; hanging 6; paris green, 1; jumping from window, 2; arsenic, 1; drowning, 5; and chloroform, 1.

Twenty-seven persons met their deaths on railroads, eighteen were killed by street cars and six by interurban cars. Eighteen persons were accidentally drowned; twenty-four met death by accidental falls; forty-three died from heart trouble; eleven persons were killed by automobiles; three by accidental shooting; three died as the result of accidental poisoning; four were killed in wagon and other vehicle accidents; four died as the result of accidental asphyxiation; one accidental poisoning case was investigated; four persons were killed by machinery; three were fatally scalded; six were killed in motorcycle accidents; one was killed by lightning; five have been killed in coal oil explosions; one died as a result of fractured vertebrae; one person was killed by diving into the water and striking his head upon a rock; one died as a result blow received when thrown against a pole; one person was hit by a pitched ball; there were five cases of accidental suffocation; one death due to accidental oxalic poisoning; three persons were killed in elevator accidents; seven died as a result of alcoholism; one person was killed by being struck by an iron beam; one from atropine poisoning and the remaining cases investigated proved to be from natural causes."

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NEWS ITEMS.

Dr. C. E. Gillespie, president of the local medical society at Crothersville, visited Indianapolis in December.

Dr. and Mrs. Charles Sowder were the guests of Captain and Mrs. John B. Schoeffel, Fort Benjamin Harrison, Jan. 1st.

Dr. S. E. Crose has moved his office from 219 W. Washington Street to the Cordova Building, 25½ West Washington Street.

Dr. D. F. Trenary, formerly of Indianapolis, is surgeon on one of the ocean liners and a postal card indicates that he was in Panama, Jan. 1st.

Dr. J. F. McCool has been added to the staff of lecturers of the Deaconess Protestant Hospital and the Fletcher Sanitarium Training Schools for Nurses.

Dr. John F. Barnhill, who was confined to his home a month, from broncho-pneumonia, has resumed his professional work and his duties at the college of medicine.

Dr. J. J. Taylor, editor of the Medical Council, Philadelphia, stopped in Indianapolis between trains Dec. 16, and favored us with a call. The doctor possesses the happy faculty of getting the essence out of long articles and selecting the best short articles for his journal. It is practical and up-to-date throughout.

A series of "medical talks" will be given under the auspices of the Y. M. C. A. at Peru, each Wednesday night, to which the public will be invited. On the 18th of January Dr. A. Henry will take up the story of how the tuberculosis colony in Indianapolis is conducted and its success.

Dr. A. E. Sterne has returned from Rochester, Minn., where a gastro-enterostomy and an appendectomy were performed upon him by the Mayos. For several months the health of Dr. Sterne has not been good and his friends attributed it to the great amount of work he was doing and his strenuous life made necessary as the executive head of the "Norways." Since the operation his health is better than it has been for five years and there is evidence of his old-time vigor. He is now attending to all the duties of his position as medical director of the "Norways", 1820 E. Tenth street. He has also taken up his work in the Indiana University School of Medicine.

HOSPITALS IN AMERICA.

An interesting hospital publication has recently made its appearance from which the following notes have been compiled by Mrs. F. J. Haskin. It is a directory of the eight thousand institutions of this kind to be found in the United States. It is a two-hundred-page publication, and it contains a great variety of information concerning the financial, as well as other phases of hospital management. It is estimated that approximately $200,000,000 is invested in hospital propery in the United States, most of this amount being represented by the six hundred institutions which constitute the membership of the American Hospital Association.

The first hospital in the new world was established by Cortez in the City of Mexico, in 1524, a full hundred years before any similar institution was founded in the United States. So firmly were the foundations of this institution laid that the endowment continues to this day and the hospital is still in operation, presided over by a superior who receives his appointment from a direct descendant of Cortez. The funds through which the institution was endowed were obtained from the revenue of property given to Cortez by the Spanish crown for his services in making Mexico a part of the Spanish domain.

One of the newest movements in the hospital world is the establishment of the radium institute in New York. The energies of this hospital will be devoted to the treatment and cure of cancer. This institute is not a commercial one, its membership being made up of the lead-

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ing surgeons of the country. It proposes to produce radium in a New York factory and furnish it to physicians throughout the country. It is probable that hospitals for the treatment of cancer will be established in New York and Chicago in connection with the work of the institute. Arrangements already have been made for the purchase of large quantities of pitchblende and other materials for the manufacture of the precious material. As it costs approximately $2,700,000 a pound, it is safe to say that not many pounds will be manufactured in any one year. Recent developments in medical science point to the fact that the radium cure will become the world's one effective method of combating one of the most terrible diseases to which human flesh is heir.

It is claimed that the little city of Rochester, Minn., has a hospital which draws patients from a larger section of country, and which has been visited by more of the world's famous surgeons than any other hospital in America. It is the St. Mary's hospital, founded by the mother superior of St. Mary's convent as the result of a vision which she had on the night of a great tornado, August 21, 1883. It is at this hospital that the Mayos do the work which has placed them in the foremost ranks of the leading surgeons of the world.

The physicians of the country have been agitating the question of being permitted to take a greater part in the training of the nurses who are to be their chief assistants. Not long ago Dr. Osler declared that he regretted to see the trained nurse supplanting the medical student in the affection of hospital trustees. With other doctors, he took the view that the physician should have more voice in hospital management and the training of nurses. He also lamented the fact that nurses of today are too well educated in the theory of medicine, and not sufficiently in the practice of nursing. He related how he had been called in to see a case and had humbly inquired of the nurse what the surgeon, whom he had not met, thought of it. She instantly replied that he thought there were features suggestive of the intracanalicular myxoma. Dr. Osler said he looked a little anxious and asked if she happened to hear the surgeon say whether he considered it of epiblastic or mesoblastic origin. She replied without flinching that she thought he said it was mesoblastic. The doctor did not think much of her knowledge of medicine and less of her recollection.

There are nearly 25,000 young women studying to be nurses in approximately one thousand schools in the United States. These schools are maintained in conjunction with something less than two thousand hospitals. They turn out annually six thousand graduate nurses. It has been found that the average term during which a graduate nurse devotes herself to her profession is about ten years, and that only about 10 per cent of all the nursing done outside of hospitals is done by women who have taken a nurse's training course.

There has never been a time in the history of the country when so great a proportion of sick people in the cities has gone to hospitals for treatment as today. The present tendency in hospital practice is to give patients all the comforts of home treatment, at the same time providing all sanitary and other advantages which only a modern hospital can afford. The manufacture of special hospital equipment has reached such a state of perfection that nowhere outside the German hospitals, reputed to be the best equipped in the world, can there be found such satisfactory arrangements for the treatment of disease as in the important American institutions.

(The hospital problem as related to the profession of medicine and to the patient was discussed by Dr. Theodore Potter as a presidential address before the Indianapolis Medical Society last January and was printed in the New York Medical Journal. It was a masterly presentation of the subject.

Copies may be had by addressing Dr. Potter at Indianapolis. The four great hospitals of Indianapolis—City, St. Vincent's, Deaconess and Methodist, have about 200 nurses in training, one for each four patients. Hospitals and nursing are "businesses" nowadays.)

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BOOK AND JOURNAL REVIEWS.

STATE BOARD EXAMINATIONS QUESTIONS and Answers of 41 States and 2 Canadian Provinces. Third Edition, 800 pages. Price $3.00. Published by William Wood and Company, New York.

This work gives authentic questions and authoritative answers that are designed to assist in passing state board examinations, and also to enable state boards to select questions from this and other sources in examining applicants for state licenses. All of the questions and answers are from the Medical Record published weekly by the Wm. Wood and Company, of New York. The states are arranged alphabetically. This is the best text-book of the kind published. The Record has had experience as it has for 44 years held the first place among American weeklies and has been impartial, scientific and judicial as well as independent and progressive concerning the best interests of the profession.

However, we may deplore the conditions that make such books necessary we may be grateful that the work has been done so efficiently by the Record. The Record has done more than hold the mirror up to nature. It has taken a high stand in medical education and always worked to make medical education so thorough that no such book may be needed by the examining boards or the applicants.

The answers are over half of them taken from standard authors and are full discussions of the topics involved. Hence the book serves as a compound in the different branches.

The text-book as used include a score of standard modern authors and references to the topics and pages of these texts.

If a student is weak in chemistry he can give his attention to that branch through over 40 sets of answers, and so with each of the 10 to 20 subjects of each board.

The writer of this note hopes for a time when the State Board Examinations will be topical and confined within not more than 10 subjects, and also that a reference text-book or dictionary containing 20,000 medical terms may be freely put in the hands of the applicants so that they may refresh their memories and spell medical terms correctly. This course would be hard on the average state examiner, who frequently knows less than the applicants, but it would give better results. Topical examinations and examination of cases would go far towards preventing students spending the last quarter of their course in quiz compends and such books as this excellent work of the Record. The great rapidity of medical progress and medical education may assure us however of a time when there will be fifty or sixty schools of medicine whose diplomas will be accepted without examination in any part of the United States.

A. W. B.

THREE MAGAZINES FOR THE PRICE OF ONE.

The publishers of The Living Age will make a present to every new subscriber for 1911 who remits the subscription price, Six Dollars, direct to The Living Age Company, 6 Bacon Street, Boston, of one years subscription to Hampton's Magazine and one year's subscription to The Bibelot. The combined subscription value of the three magazines is Eight Dollars and Seventy-Five Cents. The three magazines may be sent to different addresses.

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THE ENCYCLOPEDIA BRITANNICA. The University of Cambridge has acquired the copyright of the Encyclopedia Britannica, and is about to publish, at the University Press, an entirely new edition. As stated in a circular, it is more than 140 years since the famous Encyclopedia Britannica was first planned by "a Society of Gentlemen in Scotland." The first edition began to appear in 1768, and was completed, in three volumes, in 1771. Since then ten editions have been published, the last one having been issued in 1902 by the Times. Preparations for the eleventh edition were begun by the Times in May 1903. The work was entrusted to Hugh Chisholm, one of the editors of the tenth edition. The eleventh edition of the encyclopedia Britannica will be issued as a complete work, in twenty-eight volumes by the University of Cambridge. The most important of the new features which will mark this issue of the Encyclopedia Britannica by Cambridge University is the fact that the whole of the work has been produced and will be published at the same time, about the end of this year, or at least in the first months of 1911. One other striking innovation that will be greatly appreciated by those who have occasion to consult the Encyclopedia is the diminution in thickness and weight of the volumes that has been accomplished by the use of India paper. It is estimated that a volume printed on that paper will be less than one-third as thick as an ordinary volume containing precisely the same number of pages, and the average weight of such a volume will be less than one-third that of a volume on the ordinary paper. This will make it much easier to find shelf room for the Encyclopedia Britannica, as the complete set of twenty-eight volumes on India paper will only occupy 2 ft. of linear space, as against nearly 6 ft. for the impression on ordinary paper; and for the first time the Encyclopedia Britannica will be found a comparatively portable work, as its total weight will not exceed 60 lb., while the ordinary paper impression weighs more than 200 lb.—New York Medical Journal.

DIFFICULT LABOR. By G. Ernest Herman, M. B., London. Consulting Obstetric Physician to the London Hospital. 12 mo. pp. 559. Illustrated. New York; William Wood & Co., 1910. (Cloth, $2.50.)

The fifth edition of Herman's book follows along the lines adopted in previous revisions. His advice as to the management of difficult cases of labor is unusually sound and conservative. A chapter on puerperal eclampsia has been added to the new book in which the author advocates what he terms the morphia treatment. The summary of his treatment for eclampsia is quoted: "You are called to a patient who has had one or more fits; her urine is scanty and when boiled solid with albumin; she is insensible but restless. Give ½ gr. morphia with 1-60 gr. atropine by hypodermic injection. In half an hour after that the patient is still restless give ¼ gr. of morphia with 1-120 gr. of atropine, and repeat every half hour until the patient is in a deep sleep."

DAWN OF THE FOURTH ERA IN SURGERY and Other Short Articles. By Robert T. Morris, M. D., Professor of Surgery, New York Post-Graduate Medical School and Hospital. 12mo. of 145 pages. Philadelphia and London: W. B. Saunders Company, 1910. ($1.25 net.)

Some of these essays are full of import, while all are of value in teaching by epigrams truths that need rehearsing now and again, that their kernel may take deep root. The address at the annual meeting of the American Association of Obstetricians and Gynecologists at Detroit, September, 1907, entitled "Back to an Old Idea," in which the author discoursed upon the importance of conserving the natural immunity of the patient is one of the important articles in the

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book. Another is "Protective Appendicitis," which formed the subject of an address at the Budapest Congress in August, 1909. It is not easy to differentiate when all are so good. This is the sort of book to put in the pocket to read on short railway journeys. The expressions are original, the teachings are sound.

The above from the Buffalo Medical and Surgical Journal is a fitting tribute to one of our foremost writers on antiseptic surgery. His book of over 20 years ago, "How are Great Wounds Today" accomplished an immense amount of good.

Dr. Morris has also worked in the literary field. The writer once received from him a book of poems, and of hunting sketches in Labrador—a most charming book of nature studies and appreciations as direct and forceful as those of Colonel Roosevelt's "African Game Traits." But there was not a sign of the M. D. in the book—the "doctor" was totally suppressed in the universal guise of nature's lover.

A. W. B.

A NEW FRENCH MEDICAL JOURNAL.

A new star has appeared in the galaxy of French Journalism, and a new luminary in that firmament must shine indeed in order to attract notice.

Doyer, of Paris, is one of the most active, aggressive, and able surgeons of the present time. His system of surgery stands as a monument to his tireless energy. He is quite American in his "hustling" qualities. His restlessness, however carries him over the border line of the properties according to the standards of his confreres and thereby awakens their resentment. His enemies, while admitting his ability, accuse him of insincerity, asserting that he promulgates his new ideas in order to secure publicity rather than to advance medical science. His protagonists perhaps, regard him as a sort of modern Paracelsus. However that may be, the "Institute de Doyer" in the perfection of its organization, the scope and quality of its work, and the scientific precision of its undertakings, is comparable only with the "University of Rochester," (Minn.) "Mayos' Archives" would undoubtedly acquire a large subscription list at once and correspondingly all who are familiar with current French Medical and Surgical literature will turn with interest to the "Archives de Doyer" as the personal organ of one of the most brilliant surgeons of Paris and to an exposition of the latest methods of applying the most advanced theories to actual medical and surgical practice.

The "Archives" are to appear monthly and the first number we have before us, M. Doyer's programme is inspiring and the subject matter is to appear under five separate headings: (1) Surgical and Topographical Anatomy; (2) Surgical Technic; (3) Clinical Surgery; (4) Clinical Medicine; (5) Personal Reports and Communications to Various Societies.

Accordingly we find in the present number, such topics as The Middle Meningeal Artery; The Technic of Craniectomy (electrical instrumentation), and the Electro-Cautery for Cancer of the Tongue; Hysterectomy for Fibroids; Doyer's Thyroidectomy for Cystic Goiter; Trephining for Jacksonian Epilepsy; Electro-Cautery for Recurrent Naso-Frontal Epithelioma; (under the head of Clinical Medicine) Treatment of Various Infectious Diseases by "Doyer's Phagogenic Method"; The Doyer Antitubercular Treatment for Pulmonary and Extra-Pulmonary Tuberculosis, and Treatment of Pneumonia in the Dog, by Doyer's Serum; while under the head of "Actualities" we find abstracts of papers, before various congresses, on The Therapy of Inoperable Uterine Cancer; The Surgical Treatment of Exophthalmic Goiter, and The Serum Treatment of Tuberculosis.

All these discussions in the Journal are based on work in a sense original and as carried out in Doyer's private hospital. The mere recital of the table of contents is sufficient to give an idea of the immense amount of labor involved; and the particular purpose in calling attention to this Journal is to emphasize the fact that every doctor's work carried on in the true medical spirit and reported, with some sense of proportions,

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to his associates has a definite and practical value. We might all, in the proper spirit and in our humbler way, imitate in this respect the example of Dr. Doyer.

SLUSS.

PROGRESSIVE MEDICINE. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences edited by Hobart Amory Hare, M. D., assisted by Leighton F. Appleman, M. D., Vol. IV. December, 1910. Lea and Febiger, Philadelphia and New York. Price $6.00 per annum.

Every doctor will welcome the information concerning the digestive tract and especially is this true in reference to the stomach. Lavenson first takes up the physiology which is a good beginning, then follows the causes of the various pathologic processes, then the methods of palliation or cure as the case may be. Reference to cases and autopsies are instructive and none the less so the differential diagnosis.

Kidney lesions are carefully considered by Bradford.

The chapters on surgery are not confined to the extremities only as we might be led to believe on account of their importance but we find included, shock, anesthesia, infections, fractures, dislocations, and tumors. Furthermore, in the discussion of surgery of the skin the cases in Indiana which have been under the care of Drs. Brayton, Austin, Clark, Dodds, and others, might have been mentioned with advantage. However, Dr. Bloodgood has his subject well in hand.

Attention should be called to the practical therapeutic referendum which is presented by Landis. It is a valuable feature and full of good things. Those who are at sea in reference to sparteine, digitalis and stropthanthus can find a summary of the most recent opinions on the subject.

S. E. E.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Lectures and Especially Prepared Original Articles. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattill, A. M., M. D., Philadelphia, U. S. A. Volume IV. Twentieth Series, 1910. Philadelphia and London. J. B. Lippincott Co. 1910.

This volume of the International Clinics has ten pages devoted to Ehrlich's new preparation, Arsenobenzol, used in the treatment of syphilis, by Cattell. The illustrations show the method of giving an injection and the chemicals and apparatus needed. De Schweinitz and Shumway report a case of iritis papulosa treated with an injection of Ehrlich's "606."

Many of our readers are acquainted with Lewelly's F. Barker and will be glad to read what he has to say concerning the methods of examining the blood. He says that it is of the greatest importance to the practitioner. Pancoast closed his article by informing us that the Rontgen-Ray may not effect a permanent cure in leukemia but the life of an individual can often be lengthened. We must know more about the etiology before better results can be obtained. The article is well worth reading. The cardiac tests described by Hirschfelder are illustrated. Although brief, this topic is full of interest.

Appendicitis, cholera, blood transfusion, spinal anesthesia, and improved œsophageal instruments are learnedly discussed by prominent authors.

Haberman furnishes some valuable information in regard to the psychological interpretation of hypnosis and its practical use in the diagnosis and treatment of disease. It is one of the best articles. Other subjects closely related to the nervous system are traumatic neurosis by Bevan and Diller discussing the mutual relationship between hysteria and epilepsy, including the diagnosis.

The chapters which treat of pathology and ophthalmology equal the others in interest and some of the topics are of especial interest to the general practitioner. Our advice is to read and be convinced.

S. E. E.

THE HAPPY MAN.

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"Her father."

—Lippincott's.

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PUBLISHER'S DEPARTMENT.

All correspondence relating to the Business Affairs of this Journal should be Addressed to H. M. Patterson, Business Manager, 77 N. New Jersey St., Indianapolis.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including, Iron, Quinine, and Strychnine, etc., in perfect solution, and is not liable to the formation of fungus growths.

SENG.

"A therapeutic study of Seng indicates that it acts in a two-fold manner—first by directly stimulating the glands of the stomach and intestines; and secondly, by imparting tonicity to the muscular coat of these structures. As a result of its administration the gastro-intestinal secretions are promptly augmented, and the mechanical functions generally described under the loose term, peristalsis, are re-established and reinforced. The digestion of food is substantially increased and fermentative processes due to lack of digestive fluids and general stagnation are promptly overcome. With a decrease of fermentation, the gastric irritation, pain, gas formation and consequent distension are rapidly controlled."

THE BROMIDES

"The great popularity of Peacock's Bromides has led to the introduction of numerous substitutes, alleged to have the same composition and efficacy. While imitation is the sincerest sort of flattery, it has been demonstrated by careful chemical analyses made by prominent chemists that these preparations do not bear the faintest resemblance to Peacock's Bromides in composition, either as regards the purity of their ingredients or the presence of all the mixed salts."

INFLUENZA—PERTINENT THOUGHTS

With each succeeding visitation of this trouble, we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging action of skin and kidneys with possibly minute doses of blue pill or calomel. We have found much benefit from the use of Antikamnia & Codeine Tablets in the stage of pyrexia and muscular painfulness and as a sedative to the respiratory centres. In the treatment of influenza or la grippe and its sequelae, its value is highly esteemed. In diseases of the respiratory organs following an attack of la grippe, pain and cough are the symptoms which especially call for something to relieve. This combination meets these symptoms, and in addition, controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva.

THE RESTLESSNESS AND SLEEPLESSNESS OF PNEUMONIA.

The relief of restlessness and sleeplessness of pneumonia calls for the use of a soporific that will not depress the heart, yet it must possess an effectiveness, otherwise its only influence will be to disturb the already suffering stomach.

The unusual value of PASSIFLORA INCARNATA (Daniel's Concentrated Tincture) as an agent of its class and its freedom from depressing effects, insure that no better agent than it can be chosen to allay the restlessness and sleeplessness of pneumonia. It has been demonstrated

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that every virtue of chloral and the bromides is to be found in PASSIFLORA (Daniel's) with none of their disadvantages. A sample may be had by addressing the Laboratory of John B. Daniel, Atlanta, Ga., if you have not already received a bottle.

Of all the many hypnotics at the command of the medical profession there is none that gives as uniform satisfaction under all conditions as Bromidia. As has been previously stated, the sleep produced is of a true physiological character. It is dreamless, and the patient awakes refreshed and vigorous. In proper dosage, Bromidia is perfectly safe and does not depress the heart. A teaspoonful should be given in water and, if necessary, repeated hourly until four doses have been administered. It is needless to state that, in order that maximum affect may be obtained from the initial dose, the patient should be placed under conditions favorable to the induction of sleep.

DURING THE COUGH SEASON.

For the relief of cough and its causative factor, the physician has in Pruni-Heroin (Wyttenbach) a most effective weapon. Its constituents are of marked benefit in bronchial and pneumonic inflammations, having been carefully chosen for this express purpose. In addition to these features, Pruni-Heroin (Wyttenbach) possesses soothing properties—a rasping cough promptly subsiding under its influence. In view of these virtues, it is the logical remedy in the coughs so frequently met with during the cough season. Samples and literature may be had by addressing the Wyttenbach Chemical Company, Evansville, Ind.

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The therapeutic value of a cod liver oil preparation depends entirely upon the ease with which it is digested and assimilated. If it distresses the stomach and is not assimilated its value as a therapeutic agent is *nil*. Thus the need of choosing a cod liver oil product that is well received by the stomach and is quickly assimilated. In Cord. Ext. Ol. Morrhuae Comp. (Hagee), these several requirements are met. In this Cordial the essential principles of the plain oil are preserved, its disagreeable features being eliminated. Possessing every therapeutic virtue of the crude oil with the added advantage of palatability, Cord. Ext. Ol. Morrhuae Comp. (Hagee) is the ideal cod liver oil product, and may be depended upon to produce the results expected in chronic bronchitis, tuberculosis and all states indicating cod liver oil.

THE IMPORTANCE OF KEEPING THE NASAL CAVITIES CLEAN AND ASEPTIC IN CHRONIC NASAL CATARRH.

By John North, A. M., M. D., Ph.C., F. S. Sc., (Lond.) Toledo, O. Prof. Toledo Medical College, Toledo, O., Member Toledo Medical Association, Northwestern and Northern Tri-State Medical Association.

The term catarrh does not give us an indication of the pathological condition. It is understood and used simply as a symptom or condition by the rhino-laryngologist, and not as the name of a disease. We know that in some forms of nasal catarrh we do not have an excessive flow of secretion, but rather the reverse, and have a deficient flow of secretion.

The character of the nasal secretion gives us an idea of the nature of the disease we have to deal with. A thin watery discharge indicates a vaso-motor disturbance, as in hay fever, rhinorrhea, or in some forms of simple nasal catarrh. A profuse sero-mucous secretion with grayish flakes occurs in the second stage of acute catarrh in nasal polypi and in some forms of simple nasal catarrh. A thick mucous discharge of whitish mucous, made opaque by exfoliated young cells, is usually found in connection with simple, hypermemic, hypertrophic or hyperplastic catarrh, or in diseases of the nasopharynx. A purulent discharge composed of masses of somewhat thick yellow pus with some odor is found in diseases of the accessory nasal cavities, also in purulent catarrh and in the last stages of acute catarrh. These secretions accumulate in the nasal cavities and keep up

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the irritation, thus preventing nature from doing her part toward accomplishing a cure.

It is not my intention to take up the general or local treatment of chronic catarrh but I do wish to call your attention to the importance of a thorough cleansing of the nasal passages. In all forms of chronic nasal catarrh there is an accumulation of septic secretions, or they soon become septic. The cavities become filthy. Before anything can be done for these cases the nasal cavities must be made clean. Simple alkaline solutions dissolve the mucus and soften the epithelial layer of mucous membrane and the writer finds in Glyco-Thymoline a combination that seems to accomplish all that is required. It is a non-irritating, soothing, alkaline enough to dissolve and remove mucus and other secretions, thoroughly antiseptic, preventing decomposition of secretions, acts upon the vaso-motor system, emptying the blood vessels. In a great many cases of chronic nasal catarrh if a twenty-five per cent solution of Glyco-Thymoline is used daily or several times a day accumulated secretions will be softened and removed, the membrane made clean and kept clean. It also is sufficiently antiseptic to produce asepsis of the parts, which will be kept healthy by the daily use of Glyco-Thymoline in the toilet of the nose. Pure water used alone for this purpose is irritating.

The clinical report of a couple of cases may be interesting and not without value:

Case 1. Mrs. C., each winter has attacks of Nasal Catarrh, a thin watery discharge from both nostrils. There seems to be but little mucus or solid matter connected with it. The ordinary astringent application only gave ordinary relief. After using a 25 per cent solution of Glyco-Thymoline the trouble entirely disappeared. If it returned it was soon relieved by local applications of Glyco-Thymoline.

Case 2. Miss L., had been troubled with atrophic catarrh for a number of years. The nasal cavities would fill large crusts which became very offensive. Ordinary treatment only gave relief as long as it was kept up. After continuous use of 25 per cent solutions of Glyco-Thymoline with 1 per cent of resorcine the cavities were kept clean and the membrane restored to a more normal condition so that the crusts did not form and now only occasional use gives entire relief.

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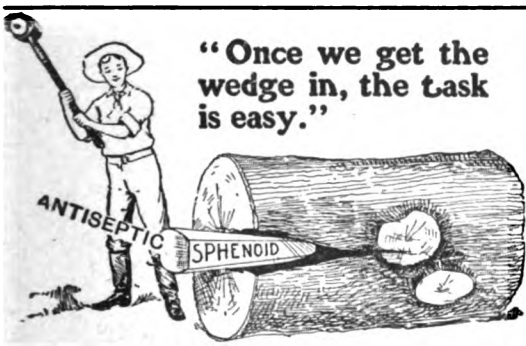

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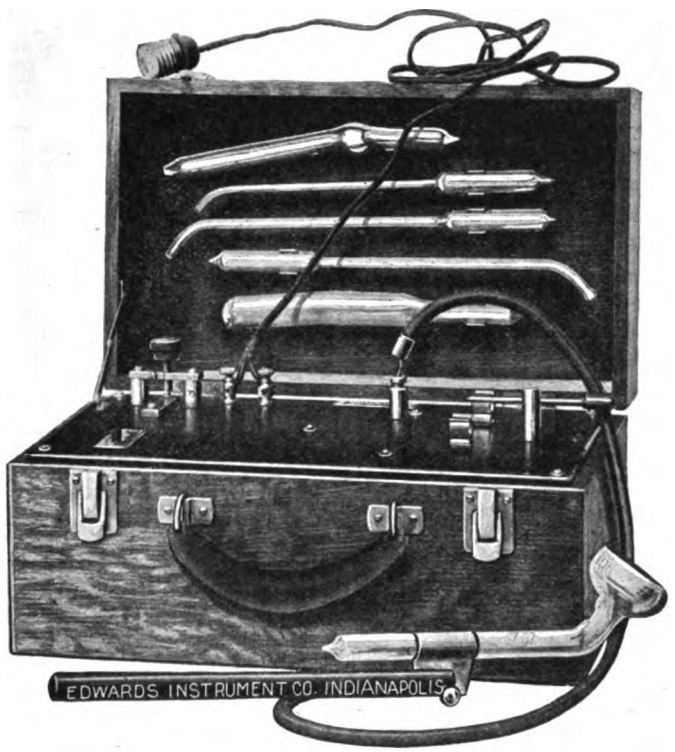

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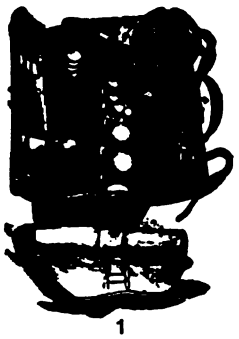

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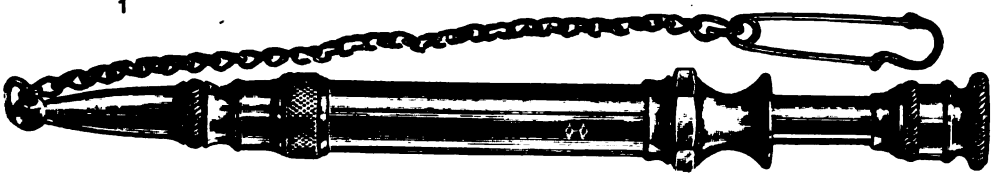

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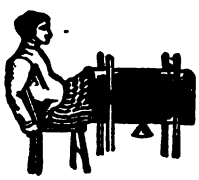

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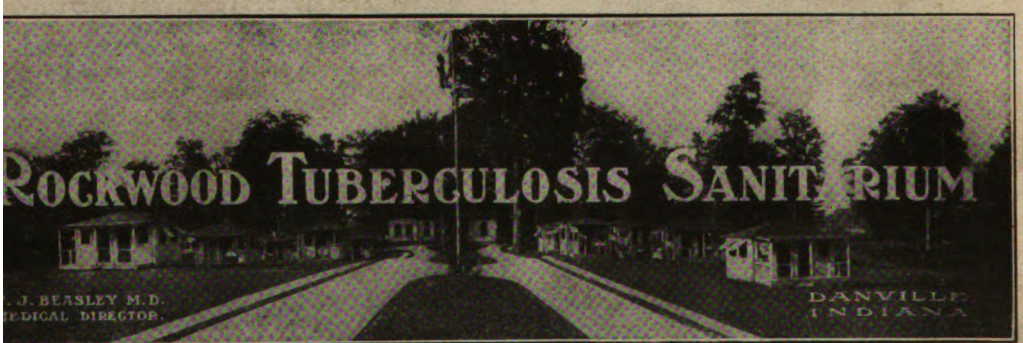

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